

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000.00. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195-003)

Receipt # _____



**EVA S. MARTINEZ
COUNTY CLERK**

P.O. BOX 27 · FLORESVILLE, TX 78114 · (830) 393-7308

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE



1. NAME _____ 2. SEX _____
FIRST MIDDLE LAST/MAIDEN

3. DATE OF BIRTH _____
MONTH DAY YEAR

4. PLACE OF BIRTH _____
CITY OR TOWN COUNTY

5. NAME OF FATHER _____

6. MOTHER'S FIRST & MAIDEN NAME _____

7. RELATIONSHIP TO PERSON NAMED IN ITEM 1 ABOVE _____

8. MY PURPOSE IN OBTAINING THE COPY IS _____

9. DL# _____ DATE _____

SIGNATURE OF APPLICANT

STREET ADDRESS

10. WILL NOT REQUEST REFUND "IF" THE PASSPORT DEPT.

DENIES THIS B/C _____ \$5 DONATION SB #1836 _____

CITY AND STATE

B/C NAME _____ VOL _____ Page _____ Cert. No. _____