

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

Van Zandt County Clerk
121 E. Dallas St., Rm. 202
Canton, TX 75103
903-567-6503

<u>Office Use Only</u>	
First Certified Copy.....	\$23.00
Number Requested.....	_____
Total Due.....	\$_____
Certificate NO.....	_____



*I wish to Make a \$5 donation for the Texas
Home Visiting Program for healthy early childhood*

WARNING: The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine up to \$10,000.00 (Health & Safety Code 195.003)

Please Print:

Information Found on Birth Certificate

1. Full Name on Record: (first, middle, last)

2. Date of Birth:

3. Place of Birth: (City, County)

4. Parent 1 Full Name:

Maiden/Birth Last Name

5. Parent 2 Full Name:

Maiden/Birth Last Name

Information About Applicant

6. Applicant's Full Name:

7. Applicant's Mailing Address:

City, State, Zip Code

8. Telephone Number:

9. Applicant's Relationship to Person Named in #1:

10. Purpose for Obtaining Record:

Signature of Applicant

Today's Date

(COPY OF APPLICANT'S PHOTO ID IS REQUIRED)

For applications that are sent by mail:

The attached Notarized Proof of Identification/Affidavit of Personal Knowledge and copy of valid photo ID must be attached to this completed application or the request will not be processed.

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE			
FULL NAME OF PERSON ON RECORD		DATE OF BIRTH/DEATH	
PLACE OF BIRTH/DEATH (City or County)			SEX
FULL NAME OF PARENT 1		FULL NAME OF PARENT 2	

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.	
STATE OF _____	
COUNTY OF _____	
Before me on this day appeared _____ (Name)	
now residing at _____ (Address) _____ (City) _____ (State)	
who is related to the person named on Part I as _____ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20 _____.	

(Seal)

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State and Zip

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:
PAM PEARMAN
 County Clerk
 121 East Dallas St., Room 202
 Canton, TX 75103

(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)