

## Application for certified copy of BIRTH Certificate



MARK STAPLES

500 NORTH CHURCH ST, ROOM 10

PALESTINE, TX 75801

**NO PERSONAL CHECKS**

ACCEPTABLE FORMS OF PAYMENT: CASH,  
MONEY ORDER, CREDIT/DEBIT CARD

PHOTOCOPY OF ID MUST BE SENT IF  
SUBMITTING APPLICATION VIA MAIL/ IN PERSON

PHONE : (903)723-7402 INSTRUCTIONS FOR SUBMITTING APPLICATION BY MAIL: "NOTARIZED AFFIDAVIT OF  
IDENTITY" A PHOTOCOPY OF A VALID ID AND APPROPRIATE FORM OF PAYMENT MUST BE INCLUDED. ALL FORMS CAN BE FOUND AT  
<https://www.co.anderson.tx.us/page/anderson.County.Clerk>

**CERTIFIED COPY: \$23.00 each**

**TOTAL # OF COPIES** \_\_\_\_\_

FULL NAME AT TIME OF BIRTH

FIRST:

MIDDLE:

LAST:

DATE OF BIRTH :

SEX: MALE OR FEMALE

PLACE OF BIRTH (CITY OR TOWN):

COUNTY OF BIRTH:

FULL BIRTH NAME OF PARENT 1 –

MIDDLE:

LAST (MAIDEN):

FIRST:

FULL BIRTH NAME OF PARENT 2 –

MIDDLE:

LAST (MAIDEN):

FIRST:

APPLICANTS NAME FIRST:

MIDDLE:

LAST:

DAYTIME PHONE:

MAILING ADDRESS:

REASON FOR REQUESTING RECORD:

RELATION TO PERSON (OR SELF) ON RECORD:

**OFFICE USE ONLY:**

**CERTIFICATE #** \_\_\_\_\_

**DONE BY:** \_\_\_\_\_

**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)**

- I WISH TO MAKE A VOLUNTARY CONTRIBUTION OF \$5.00 TO PROMOTE HEALTHY EARLY CHILDHOOD BY SUPPORTING THE TEXAS HOME VISITATION PROGRAM ADMINISTERED BY THE OFFICE OF EARLY CHILDHOOD COORDINATION OF THE HEALTH AND HUMAN SERVICES

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

## NOTORIZED 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 1 as \_\_\_\_\_ and who on oath deposes and  
(Relationship)

says that the contents of this affidavit signed by me and that the statements are true and correct.

Signature \_\_\_\_\_

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Notary Public

Commission Expires

Typed or Printed Name

Street Address

City, State and Zip

*(Personalized Seal)*

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**MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:**  
Anderson County Clerk  
500 North Church St Room 10  
Palestine, Texas 75801

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