

If requesting by mail, you can include an additional \$7.00 for your request to be returned by certified mail. If not included, your request will be returned by regular mail.

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

JULIA MILLER

County Clerk, Runnels County
613 Hutchings Ave., Rm. 106
Ballinger, Texas 76821
Phone - 325.365.2720

PLEASE PRINT

BIRTH CERTIFICATE

_____ CERTIFIED COPY X \$23.00 = \$ _____
No of Copies

* IF REQUESTING BY MAIL, ADD \$ + 7.00

TOTAL ENCLOSED \$

1. Full Name of Person On Record XXXXXXXX	First Name:	Middle Name:	Last Name AT BIRTH:
2. DATE OF BIRTH	Month:	Day:	Year:
3. SEX (circle one)	Male	Female	
4. PLACE OF BIRTH XXXXXXXXXXXXXXXXXXXX	City or Town:	County:	State:
5. Full Name of FATHER XXXXXXXXXXXXXXXXXXXX	First Name:	Middle Name:	Last Name:
6. Full Name of MOTHER XXXXXXXXXXXXXXXXXXXX	First Name:	Middle Name:	Last Name (Mother's maiden name):

7. APPLICANT'S NAME: _____

8. TELEPHONE NUMBER: () _____
(Monday – Friday 8:00am – 5:00pm)

9. MAILING ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

10. RELATIONSHIP TO PERSON NAMED IN ITEM 1: _____

11. PURPOSE FOR OBTAINING THIS RECORD: _____

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 20 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000.00. (HEALTH AND SAFETY
CODE, CHAPTER 195 SEC.195.003).

SIGNATURE OF APPLICANT

DATE

IDENTIFICATION TYPE: _____
(Driver's License, I.D. Card, etc)

NO #: _____
(# on DL, I.D. Card, etc)

*Additional fee required for registered mail.

If processing this request by mail, please mail this application, payment and a photocopy of your valid photo ID to:

Julia Miller
County Clerk
613 Hutchings Ave., Rm. 106
Ballinger, Texas 76821

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)	
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) says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20 _____. <div style="display: flex; justify-content: space-between;"> <div style="flex: 1; text-align: right; padding-right: 10px;"> <i>(Seal)</i> </div> <div style="flex: 1;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Signature of Notary Public</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Commission Expires</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Typed or Printed Name</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Street Address</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">City, State and Zip</div> </div> </div>	

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