

NICOLE TANNER

P.O. Box 398 Hillsboro, Texas 76645

Phone 254-582-4030

NOTICE:

As of September 1, 2015 when mailing in an application for birth or death records a signed affidavit is required.

According to Senate Bill 200, Article 5 amended Section 191.0031 of the Texas Health and Safety Code (HSC) to state that the state registrar or a local registrar may not issue a certified copy of a record to a person who has applied for the record by mail unless the person has provided notarized proof of identity.

Nicole Tanner, Hill County Clerk

NOTARIZED PROOF OF IDENTIFICATION

JLL NAME OF PERSON ON RECORD		DATE OF BIRTH/DEATH			
LACE OF BIRTH/DEATH (City or County)			SEX		
ULL NAME OF PARENT 1	FULL NAME	FULL NAME OF PARENT 2			
ART II. ENTER RELATIONSHIP TO PERSON ON RE	CORD AND THE TY	PE OF ID USED.			
NAME AND RELATIONSHIP TO PERSON ON RECOR	RD TYF	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED			
AFFIDAVIT C			OGE		
PART III. THIS SECTION MUST BE SIGNED IN THE P	RESENCE OF A NO	TARY PUBLIC.			
CTATE OF					
COUNTY OF	(Name)				
COUNTY OF	(Name)				
Before me on this day appeared	(City)	(State)	and who on oath deposes and		
Before me on this day appeared	(City)	(State)			
Before me on this day appeared	(City)	(State)			
Before me on this day appeared	(City) elationship) Signature	(State)	and who on oath deposes and		
Before me on this day appeared	(City) elationship) Signature	(State)			
Before me on this day appeared	(City) elationship) Signature	(State) _, 20	lotary Public		
Before me on this day appeared	(City) elationship) Signature	(State) _, 20 Signature of N	Notary Public n Expires		
says that the contents of this affidavit are true and correct. Sworn to and subscribed before me, this day of	(City) elationship) Signature	(State) _, 20 Signature of N	Notary Public In Expires Inted Name		

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:

Hill County Clerk P.O. Box 398 Hillsboro, TX 76645

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

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Nicole Tanner Hill County Clerk

P. O. Box 398

Hillsboro, Texas 76645

Application for Certified Copy of Birth Certificate (Application para registro de nacimeinto)

# Requested @ \$23.00 Vol Page	· .	Birth Form # Deputy					
Full Name of Person on Record (Nombre registrado)	First Name (Primero)	Middle Name (Segundo)		Last Name (Appellido)			
Date of Birth (Fecha De Nacimiento)	Month (Mes)	Day (Dia)	Year (Ano)		lale (Nino) or emale (Nina)		
Place of Birth (Lugar de Nacimiento)	C'ty or Town (Ciudad)	County (Condado)		State (Estado)			
Full Name of Father (Nombre de Padre)	First Name (Primero)	Middle Name (Segundo)		Last Name (Appellido)			
Full MAIDEN Name of Mother (Nombre de Madre)	First Name (Primero)	Middle Name (Segundo)		Maiden Last Name (Appellido)			
Applicant's Name (Su Nombre)	Telephone #(No. De Telefono)						
Mailing Address Direccion) Street Address (No. Calle)		City (Ciudad) State		e (Estado) Zip (Codigo)			
Relationship to Person on Certific (Su relacion a la persona registra			Maternal or	Paternal (Ma	terno or Paterno)		
Purpose for Obtaining this Certifi (Su propsito obtener el registro)	cate						
Birth records are confidential for for identification is provided.	75 years; therefore, issuance is	restricted. The re	cord may be obt	ained when	sufficient information		
Administrative rules require that being requested along with a <u>Xer</u>					ssue such a record		
Signature of Applicant (S	Su Firma)		D	ate (Fecha)			

Warning: The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine of up to \$10,000. (Health & Safety Code – Ch. 195, Sec. 195, 003)

Advertencia: La pena por hacer alguna falsa delaración en esta forma puede ser de 2-10 anos en prision y una multa hasta \$10,000. En acuerdo con Codigo de salud y seguirdad, capitulo 678, seccion 195.003.