

Date of Application: \_\_\_\_\_

### Application for Certified Copy of Birth Certificate

Number of copies needed: \_\_\_\_\_ (\$23.00 each)

A \$3.00 charge will be added if you cancel or alter your request after certificate has been printed.  
\_\_\_\_\_ Sheet size  
\_\_\_\_\_ Plastic Sleeve (\$.50)

For Office Use Only	
Deputy	_____
_____ State Cert.	_____ Office
Cert. #	_____
File#	_____
Cash	Check _____ Check No. _____
Name on check	_____

Information on Birth Certificate	
1. Full Name of Person on Record	_____
2. Date of Birth (Month/Day/Year)	_____
3. Sex:	_____ Male _____ Female
4. Place of Birth:	_____
	City or Town County State
5. Full Name of Father	_____
6. Full Maiden Name of Mother	_____

**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 (HEALTH AND SAFETY CODE, CHAPTER 195, SEC 195.003)**

Birth Certificate Requested by:  
*(Personal Identification Required)*

Your relation to the person named in  
Item 1: \_\_\_\_\_

Purpose for obtaining this record:  
\_\_\_\_\_

Phone No. ( ) \_\_\_\_\_

Printed Name  
\_\_\_\_\_

Address  
\_\_\_\_\_

City State Zip

X \_\_\_\_\_  
Signature of Applicant

## NOTARIZED PROOF OF IDENTIFICATION

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

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

## AFFIDAVIT OF PERSONAL KNOWLEDGE

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>	
STATE OF _____	
COUNTY OF _____	
Before me on this day appeared _____ (Name)	
now residing at _____ (Address) (City) (State) (ZIP)	
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:**

**MIRELLA ESCAMILLA DAVIS  
BEE COUNTY CLERK  
105 W. CORPUS CHRISTI ST. ROOM 108  
BEEVILLE, TEXAS 78102**

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