

## NOTORIZED PROOF OF IDENTIFICATION

<b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b>			
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	

<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)	
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_____.	
<i>(Personalized Seal)</i>	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 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)**

**Application for certified copy of BIRTH or DEATH Certificate**



Mark Staples

County Clerk

Anderson County Courts Building  
500 North Church, Room 10

Palestine, TX 75801

Phone: 903-723-740

**NO PERSONAL CHECKS AS OF 1-1-2020**

ACCEPTABLE FORM OF PAYMENT: CASH, MONEY ORDER, OR CREDIT/DEBT.

PHOTOCOPY OF ID MUST BE SENT IF SUBMITTING

**INSTRUCTIONS FOR SUBMITTING APPLICATION BY MAIL:**

“NOTARIZED AFFIDAVIT of IDENTITY”, a photo copy of valid ID, and appropriate payment form Must be included. All forms can be found at:

[www.co.anderson.tx.us/page/andersonCountyClerk](http://www.co.anderson.tx.us/page/andersonCountyClerk)

**BIRTH** # OF CERTIFIED COPIES \_\_\_\_\_ X\$23.00 (each)= \_\_\_\_\_

**DEATH** **FIRST CERTIFIED COPY: \$21.00** # OF ADDITIONAL COPIES OF SAME RECORD \_\_\_\_\_ X \$4.00 \$ \_\_\_\_\_

For office use only

**Certificate #** \_\_\_\_\_

Type of ID \_\_\_\_\_

DOB     /     /

Vol / PG\_ /

<b>Full birth Name of Person</b>	<b>Middle</b>	<b>Last (Maiden)</b>
<b>Date of Birth / Death</b>		<b>Sex : Male or Female</b>
<b>Place of Birth / Death</b>	<b>City</b>	<b>County :</b>
<b>Full Birth Name of Parent 1</b>	<b>Middle</b>	<b>Last (Maiden)</b>
<b>Full Birth Name of Parent 2</b>	<b>Middle</b>	<b>Last (Maiden)</b>
<b>Applicants Name: First</b>	<b>Middle</b>	<b>Last Name</b>
<b>Daytime Phone:     -     -</b>	<b>Reason for needing Certificate</b>	
<b>Relationship to person on certificate</b>	<b>Mailing Address:</b>	

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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:** \_\_\_\_/\_\_\_\_/\_\_\_\_