

Application for certified copy of BIRTH Certificate

NO PERSONAL CHECKS



MARK STAPLES
500 NORTH CHURCH ST, ROOM 10
PALESTINE, TX 75801

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 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: _____

PURPOSE FOR OBTAINING RECORD: _____ RELATIONSHIP TO PERSON ON CERTIFICATE: _____

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)

- o 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: _____