

## Application for certified copy of BIRTH Certificate



MARK STAPLES

500 NORTH CHURCH ST, ROOM 10

PALESTINE, TX 75801

**NO PERSONAL CHECKS**

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>

<b>CERTIFIED COPY: \$23.00 each</b>	<b>TOTAL # OF COPIES</b> _____
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<b>FULL NAME AT TIME OF BIRTH</b>		
FIRST:	MIDDLE:	LAST:
<b>DATE OF BIRTH :</b>		
SEX:    MALE    OR    FEMALE		
<b>PLACE OF BIRTH (CITY OR TOWN):</b>		<b>COUNTY OF BIRTH:</b>
<b>FULL BIRTH NAME OF PARENT 1 –</b>	<b>MIDDLE:</b>	<b>LAST (MAIDEN):</b>
FIRST:		
<b>FULL BIRTH NAME OF PARENT 2 –</b>	<b>MIDDLE:</b>	<b>LAST (MAIDEN):</b>
FIRST:		
<b>APPLICANTS NAME FIRST:</b>	<b>MIDDLE:</b>	<b>LAST:</b>
<b>DAYTIME PHONE:</b>	<b>MAILING ADDRESS:</b>	
<b>REASON FOR REQUESTING RECORD:</b>	<b>RELATION TO PERSON (OR SELF) ON RECORD:</b>	
<b>OFFICE USE ONLY:</b>		
<b>CERTIFICATE #</b> _____		<b>DONE BY:</b> _____

*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)*

- 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: \_\_\_\_\_