## SMITH COUNTY CLERK

Security Paper Initials

CHECK ONE:

200 E. FERGUSON ST. STE. 300 TYLER, TX 75702

Vol/Pg/Doc#_	
Receipt#_	

## APPLICATION FOR CERTIFIED COPY OF

# **BIRTH** CERTIFICATE – FEE \$23.00

PLEASE PRINT. WE WILL NEED TO PHOTOCOPY A VALID ID.

( ) Standard 8 ½" v 7" ( ) Long 8 ½ v 11" Rural Smith County Only

NAME ON RECORD:	FIRST	MIDDLE	LAST	(MAIDEN)	ENDER: ( ) M	ALE (	) FEMALE
DATE OF BIRTH:			_ PLACE OF BI	RTH:			,TX
	MONTH DAY	YEAR		CI	TY COUNTY		TEXAS
FATHER:			MOTHER:				
FATHER:	MIDDLE	LAST		FIRST	MIDDLE	LAST	(MAIDEN)
APPLICANT'S INFOR	RMATION:						
YOUR NAME:	MDD		CT (CUID ENT)	PHONE: _			
ADDRESS:			CITY:		STATE:	ZIP: .	
RELATIONSHIP TO PE	RSON ON RECC	ORD ( )SELF ( )P	ARENT ( )SIBL	ING ( )SPOU	SE ( )OTHER		
			BROTHER	/SISTER			SPECIFY
REASON FOR OBTAINI	NG RECORD (	ESTABLISH ID (	)JOB ( )SCHO	OL ( )PASSPO	ORT ( )OTHER		
	`	,		<b>、</b> /	. ,		SPECIFY
( ) I wish to make a volun Program administered by th						ome Visit	ation
X				DATE	:		

<u>REQUESTS BY MAIL</u>- MAIL THIS APPLICATION, PAYMENT AND PHOTOCOPY OF YOUR VALID ID <u>WITH AN ORIGINAL</u> NOTARIZED PROOF OF IDENTIFICATION PER 84<sup>TH</sup> LEGISLATIVE SB 200 ART. 5 TO BE EFFECTIVE 09/01/2015 TO:

Smith County Clerk, Attn. Vitals, 200 E Ferguson, Ste. 300, Tyler, Texas 75702

MAKE CHECK OR MONEY ORDER PAYABLE TO "SMITH COUNTY CLERK".

#### PLEASE ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE FOR RETURN OF CERTIFICATE.

PAY BY DEBIT/CREDIT CARD: COMPLETE THE ONE TIME CREDIT/DEBIT CARD AUTHORIZATION FORM ON OUR WEBSITE AND RETURN WITH THIS APPLICATION.

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)

### NOTARIZED PROOF OF IDENTIFICATION

FULL NAME OF PERSON ON RECORD		DATE OF BIRTH/DEATH	DATE OF BIRTH/DEATH	
SEE THE STATE OF T				
PLACE OF BIRTH/DEATH (City or County)			SEX	
FULL NAME OF PARENT 1	FULL NAME	OF PARENT 2		
	I			
PART II. ENTER RELATIONSHIP TO PERSON ON REC	ORD AND THE TY	PE OF ID USED.		
NAME AND RELATIONSHIP TO PERSON ON RECORD		E AND NUMBER OF ID ACC	CEPTED WHEN NOTARIZED	
			_	
AFFIDAVIT OF	F PERSONA	L KNOWLEDGI	E	
PART III. THIS SECTION MUST BE SIGNED IN THE PR	ESENCE OF A NO	TARY PUBLIC.		
STATE OF				
COUNTY OF				
Before me on this day appeared	(Name)			
Before me on this day appeared	(City)	(State)		
who is related of Ás@Á,^¦•[}Á,æ( ^åÁ;}ÁÚæcÓÓæ Á	itionship)	·····	_´´Áse)åÁ,@(Á,}Á,æc@Ás^][•^•Áse)å	
• æ̂ • Ás@æÁthe contents of this affidavit are true and correct.				
Sworn to and subscribed before me, this day of		_, 20		
		Signature of Notary Public		
		Commission Exp		
			pires	
(Seal)		,	ires	
(Seal)		Typed or Printed N		
(Seal)			Name	
(Seal)		Typed or Printed N	Name	

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MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:
Smith County Clerk
Attn. Vitals Dept.
200 E. Ferguson St., Ste 300
Tyler, Texas 75702