

# SMITH COUNTY CLERK

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

Security Paper Initials

Vol/Pg/Doc# \_\_\_\_\_

Receipt# \_\_\_\_\_

## APPLICATION FOR CERTIFIED COPY OF

### **BIRTH** CERTIFICATE – FEE \$23.00

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

CHECK ONE: ( ) Standard 8 ½”x 7” ( ) Long 8 ½ x 11” Rural Smith County Only

NAME ON RECORD: \_\_\_\_\_ GENDER: ( ) MALE ( ) FEMALE  
FIRST MIDDLE LAST (MAIDEN)

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_, TX  
MONTH DAY YEAR CITY COUNTY TEXAS

FATHER: \_\_\_\_\_ MOTHER: \_\_\_\_\_  
(IF LISTED) FIRST MIDDLE LAST FIRST MIDDLE LAST (MAIDEN)

### APPLICANT'S INFORMATION:

YOUR NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FIRST MIDDLE LAST (CURRENT)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RELATIONSHIP TO PERSON ON RECORD ( ) Self ( ) Parent ( ) Sibling ( ) Spouse ( ) Child ( ) Other \_\_\_\_\_  
Brother/Sister SPECIFY

REASON FOR OBTAINING RECORD ( ) ESTABLISH ID ( ) JOB ( ) SCHOOL ( ) PASSPORT ( ) OTHER \_\_\_\_\_  
SPECIFY

( ) 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.

**X** \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE

REQUESTS BY MAIL- MAIL THIS APPLICATION, PAYMENT AND PHOTOCOPY OF YOUR VALID ID **WITH AN ORIGINAL 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

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

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	

### PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.

NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

## AFFIDAVIT OF PERSONAL KNOWLEDGE

### PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me on this day appeared \_\_\_\_\_ (Name)

\_\_\_\_\_, \_\_\_\_\_ (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State)

who is related to \_\_\_\_\_ (Relationship)

••••• I swear 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

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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

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