

SMITH COUNTY CLERK

Security Paper Initials

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.

CHECK ONE: Standard 8 1/2" x 7" Long 8 1/2 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 84TH 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 79FH-75H9	
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, the affiant, declare that 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)