

If requesting by mail, you can include an additional \$7.00 for your request to be returned by certified mail. If not included, your request will be returned by regular mail.

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

JULIA MILLER
 County Clerk, Runnels County
 613 Hutchings Ave., Rm. 106
 Ballinger, Texas 76821

BIRTH CERTIFICATE	
_____	CERTIFIED COPY X \$23.00 = \$_____
No of Copies	
* IF REQUESTING BY MAIL, ADD \$ <u> + 7.00 </u>	
TOTAL ENCLOSED \$_____	

PLEASE PRINT

1. Full Name of Person On Record XXXXXXXX	First Name:	Middle Name:	Last Name AT BIRTH:
2. DATE OF BIRTH	Month:	Day:	Year:
3. SEX (circle one)	Male	Female	
4. PLACE OF BIRTH XXXXXXXXXXXXXXXXXX	City or Town:	County:	State:
5. Full Name of FATHER XXXXXXXXXXXXXXXXXX	First Name:	Middle Name:	Last Name:
6. Full Name of MOTHER XXXXXXXXXXXXXXXXXX	First Name:	Middle Name:	Last Name (Mother's maiden name):

7. APPLICANT'S NAME: _____

8. TELEPHONE NUMBER: () _____
 (Monday – Friday 8:00am – 5:00pm)

9. MAILING ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

10. RELATIONSHIP TO PERSON NAMED IN ITEM 1: _____

11. PURPOSE FOR OBTAINING THIS RECORD: _____

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 20 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000.00. (HEALTH AND SAFETY CODE, CHAPTER 195 SEC.195.003).

 SIGNATURE OF APPLICANT

 DATE

IDENTIFICATION TYPE: _____
(Driver's License, I.D. Card, etc)

NO #: _____
(# on DL, I.D. Card, etc)

*Additional fee required for registered mail.
 If processing this request by mail, please mail this application, payment and a photocopy of your valid photo ID to:

Julia Miller
 County Clerk
 613 Hutchings Ave., Rm. 106
 Ballinger, Texas 76821

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)						
now residing at _____ (Address) _____ (City) _____ (State)						
who is related to the person named on Part I as _____ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.						
Signature _____						
Sworn to and subscribed before me, this _____ day of _____, 20 _____.						
<i>(Seal)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Signature of Notary Public</td></tr> <tr><td style="text-align: center;">Commission Expires</td></tr> <tr><td style="text-align: center;">Typed or Printed Name</td></tr> <tr><td style="text-align: center;">Street Address</td></tr> <tr><td style="text-align: center;">City, State and Zip</td></tr> </table>	Signature of Notary Public	Commission Expires	Typed or Printed Name	Street Address	City, State and Zip
Signature of Notary Public						
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(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)