

**APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE**

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

<b>BIRTH CERTIFICATE</b>			
_____	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	First Name:	Middle Name:	Last Name:
2. Date of Birth	Month:	Day:	Year:
3. Sex	Male:	Female:	
4. Place of Birth	City or Town:	County:	State:
5. Full Name of Father	First Name:	Middle Name:	Last Name:
6. Full Name of Mother	First Name:	Middle Name:	Last 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

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

<b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

## AFFIDAVIT OF PERSONAL KNOWLEDGE

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>						
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						
Commission Expires						
Typed or Printed Name						
Street Address						
City, State and Zip						

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