

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of Texas, that I am an authorized person, as defined in Texas Health and Safety Code, and am eligible to receive a certified copy of the birth or death certificate of the following individual(s):

Part I. ENTER NAME AND DATE OF BIRTH/DEATH/MILITARY DISCHARGE	
FULL NAME OF PERSON ON RECORD	DATE OF BIRTH / DEATH / DISCHARGE

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

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

CERTIFICATE OF ACKNOWLEDGMENT

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

THE STATE OF _____
COUNTY OF _____

Before me, _____ on this day personally appeared
Name of Notary Public

_____ to be the person whose name is subscribed to the
Name of Applicant
foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office, this _____ day of _____, 20____

SEAL

(Signature of Notary Public)

MAIL THE APPLICATION, SWORN STATEMENT, PHOTOCOPY OF YOUR VALID PHOTO ID AND FEE
TO:

Laura Hughes, County Clerk
1902 E. US Hwy 175
Kaufman, Tx 75142

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