

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE  
HEMPHILL COUNTY & DISTRICT CLERK  
PO BOX 867  
400 MAIN STREET  
CANADIAN, TX 79014

TODAY'S DATE:

\_\_\_\_\_  
MONTH DAY YEAR

PLACE OF BIRTH:

\_\_\_\_\_  
COUNTY STATE

NAME ON BIRTH CERTIFICATE:

\_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF BIRTH:

\_\_\_\_\_  
MONTH DAY YEAR

MALE  FEMALE

FATHER'S NAME: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_  
(EMPLOYMENT, SOCIAL SECURITY, PERSONAL RECORD, ETC.)

APPLICANT'S SIGNATURE: \_\_\_\_\_

APPLICANT'S PRINTED NAME: \_\_\_\_\_

APPLICANT'S TELEPHONE NUMBER: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

RELATION TO APPLICANT (IF CERTIFICATE IS FOR ANOTHER PERSON): \_\_\_\_\_

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.

**Warning: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. A person commits an offense if the person intentionally or knowingly makes a false statement or directs another person to make a false statement in an application for a certified copy of vital records [HSC§ 195.003 (a-4)]**

FOR OFFICE USE:

FEES: \$23 IN OFFICE \$24 BY MAIL (\$1 Added for Postage) \$23 ADDITIONAL COPIES

IDENTIFYING INFORMATION ON APPLICANT: \_\_\_\_\_

REMOTE: YES / NO

CERTIFICATE NUMBER: \_\_\_\_\_

Return Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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 _____ <span style="margin-left: 350px;">(Name)</span>	
now residing at _____ <span style="margin-left: 100px;">(Address)</span> <span style="margin-left: 100px;">(City)</span> <span style="margin-left: 100px;">(State)</span>	
who is related to the person named on Part I as _____ and who on oath deposes and <span style="margin-left: 250px;">(Relationship)</span>	
says 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

**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)**

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

HEMPHILL COUNTY CLERK  
PO BOX 867  
CANADIAN, TX 79014

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