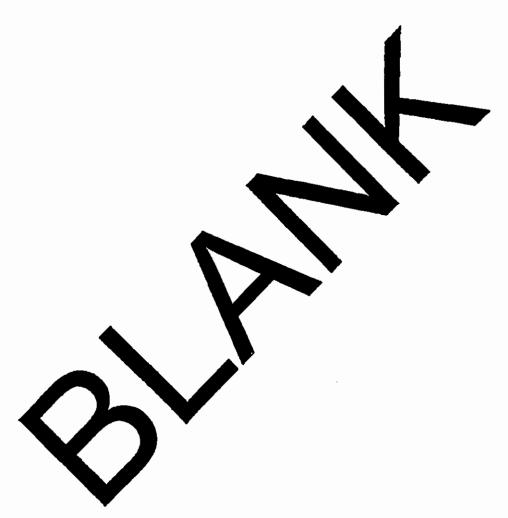
CARRIE GREGOR AUSTIN COUNTY CLERK APPLICATION FOR CERTIFIED COPY OF A BIRTH CERTIFICATE

PLEASE PRINT

Certified Copy – Full Photo Copy (A	Austin County Only)	\$23.00 each
Texas Home Visiting		\$5.00
****CASH, MONEY	ORDER OR CA	ARD ONLY***
1. NAME AT BIRTH		
(NOMBRE EN EL NACIMIENTO) FIRST 2. DATE OF		LAST
BIRTH (FECHA DE NACIMIENTO)	MALE	FEMALE
(FECHA DE NACIMIENTO) 3. PLACE OF BIRTH		
LUGAR DEL NACIMIENTO CIUDAD 4. FATHER'S NAME		COUNTY
NAME PADRE FIRST	MIDDLE	LAST
5. MOTHER'S		
NAME MADRE FIRST	MIDDLE	MAIDEN NAME
MADRE TRST	MIDDLE	MAIDEN NAME
6. APPLICANT'S NAME		
NOMBRE	`	
7. DAY TIME TELEPHONE # (TELEFONO #		
8. MAILING ADDRESS		
SU DIRECCION STREET	CIT	Y STATE ZIP
9. RELATIONSHIP TO		
PERSON NAMED IN ITEM #1		
RELACION A LA PERSONA 10. PURPOSE FOR OBTAINING RECOR	n	
RAZON DE CONSEGUIR DE REGISTR		
WARNING: THE PENALTY FOR KNOWINGLY MAD PRISON AND A FINE OF UP TO \$10,000. (HEALTH AD		
X SIGNATURE OF APPLICANT		-
SIGNATURE OF APPLICANT	FIRMA	DATE FECHA
OFI	FICE USE ONLY	
CERTIFICATE NO ISSUERS NAME		NAME
TYPE OF I.D. GIVEN		

^{**} ATTACH A COPY OF APPLICANT'S IDENTIFICATION



This blank page is to ensure that notarized affidavit (VS-142.3(A)) does not print on the reverse side of the application (VS-142.3).

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEAT ON BIRTH/DEATH CERTIFICATE	TH, AND NAMES OF PARENTS AS INFORMATION APPEARS	
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	
	SONAL KNOWLEDGE	
PART III. THIS SECTION MUST BE SIGNED IN THE PRESE! STATE OF	NCE OF A NOTARY PUBLIC.	
COUNTY OF		
Before me on this day appeared		
(name)		
now residing at (Address) (City	(State)	
who is related to the person named in Part I as(relat	tionship) and who on calh deposes	
and says that the contents of this affidavit are true and correct.		
	Signature	
Swom to and subscribed before me, this day of (Please place notary stamp in space below)		
freeza barea mamif. Ottoria in obrea actail.	Lovern Marin Bullin	
	Signature of Notary Public	
	Commission Expires	
×	•	
	Commission Expires	

WARNING: IT 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. 186.003)

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT (MONEY ORDER OR CASHIER CHECK) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

Austin County Clerk 266 N. Chesley Street, Ste. 7 Beliville, TX 77418

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