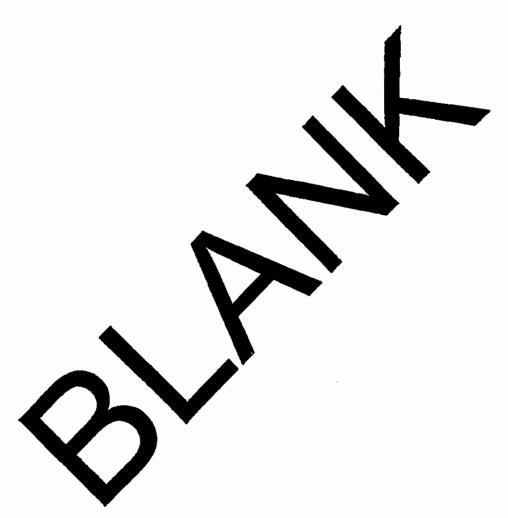
ANDREA CARDENAS AUSTIN COUNTY CLERK APPLICATION FOR CERTIFIED COPY OF A BIRTH CERTIFICATE

PLEASE PRINT

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	**	**CASH,	MONEY	ORDE	R OR CAI	RD ONLY***	*	
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Texas Home Visiting						\$5.00		
	Long Form Copy – Full Photo Copy (Austin County Only)					\$23.00 each		
		act Copy- Not f	\$23.00 each					

^{**} 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/DEATH, AND NAM CERTIFICATE	ES OF PARENTS AS INFORMATTION APPEARS ON BIRTH/DEATH						
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 TYP	E OF ID USED						
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED						
AFFIDAVIT OF PE	RSONAL KNOWLEDGE						
AFFIDAVIT OF PERSONAL KNOWLEDGE PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC							
STATE OF							
COUNTY OF							
Refere me on this day appeared							
Before me on this day appeared(Name)							
now residing at							
(Address)	(City) (State)						
Who is related to the person named in Part 1 as	and who on oath						
(relationship)							
deposes and says that the contents of this affidavit are ti	rue and correct.						
Signature							
Sworn to and subscribed before me, this day of, 20							
(Please place notary stamp in place below)							
	Signature of Notary Public						
	Commission Expires						
	Typed or Printed Name						
	Street Address						
	City, State, and Zip						

WARNING: IT'S A FELONY TO FALSIFYI NFORMATION 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.185.003)

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT (MONEY *ORDER* OF *CASHIER C*HECK) AND PHOTOCOPY OF YOUR VALID PHOTO ID TO:

AUSTIN COUNTY CLERK 265N. Chesley Street, Ste. 7 Bellville, TX 77418