

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

**PLEASE PRINT**

\_\_\_\_\_ Certified Copy – Full Photo Copy (Austin County Only)                      \$23.00 each  
\_\_\_\_\_ Texas Home Visiting    \$5.00

**\*\*\*CASH, MONEY ORDER OR CARD ONLY\*\*\***

1. **NAME AT BIRTH** \_\_\_\_\_  
(NOMBRE EN EL NACIMIENTO)      FIRST                                      MIDDLE                                      LAST
2. **DATE OF BIRTH** \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
(FECHA DE NACIMIENTO)
3. **PLACE OF BIRTH** \_\_\_\_\_  
LUGAR DEL NACIMIENTO      CIUDAD      CITY      CONDADO      COUNTY
4. **FATHER'S NAME** \_\_\_\_\_  
PADRE                      FIRST                                      MIDDLE                                      LAST
5. **MOTHER'S NAME** \_\_\_\_\_  
MADRE      FIRST                                      MIDDLE                                      MAIDEN NAME
6. **APPLICANT'S NAME** \_\_\_\_\_  
NOMBRE
7. **DAY TIME TELEPHONE #** ( \_\_\_\_\_ ) \_\_\_\_\_  
TELEFONO #
8. **MAILING ADDRESS** \_\_\_\_\_  
SU DIRECCION                      STREET                                      CITY                                      STATE                                      ZIP
9. **RELATIONSHIP TO PERSON NAMED IN ITEM # 1** \_\_\_\_\_  
RELACION A LA PERSONA
10. **PURPOSE FOR OBTAINING RECORD** \_\_\_\_\_  
RAZON DE CONSEGUIR DE REGISTRO

**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. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)**

**X** \_\_\_\_\_  
SIGNATURE OF APPLICANT      FIRMA                                      DATE      FECHA

\_\_\_\_\_ **OFFICE USE ONLY** \_\_\_\_\_

CERTIFICATE NO. \_\_\_\_\_ ISSUERS NAME \_\_\_\_\_

TYPE OF I.D. GIVEN \_\_\_\_\_

**\*\* ATTACH A COPY OF APPLICANT'S IDENTIFICATION**

**BLANK**

**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

<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 in Part I as _____ and who on oath deposes (relationship)	
and says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20____.	
(Please place notary stamp in space below)	
	Signature of Notary Public
	Commission Expires
	Typed or Printed Name
	Street Address
	City, State and Zip

**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. 196.003)**

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

Austin County Clerk  
One East Main  
Bellville, TX 77418

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