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**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 NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE

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

# AFFIDAVIT OF PERSONAL KNOWLEDGE

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

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 1 as \_\_\_\_\_ and who on oath  
(relationship)

deposes 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 place below)

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State, and Zip

**WARNING: IT'S 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.185.003)**

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

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

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