NICOLE CROCKER CALLAHAN COUNTY CLERK 100 WEST 4TH STREET, SUITE 104 BAIRD, TEXAS 79504 325-854-5815

APPLICATION FOR BIRTH CERTIFICATE – \$23.00 EACH

BIRTH CERTIFICATES ARE NOW CONFIDENTIAL FOR 75 YEARS FROM DATE OF BIRTH - EFFECTIVE SEPTEMBER 1, 2003 - SENATE BILL 861

Application must be accompanied by a photo copy of the applicants current **DRIVERS LICENSE**

1. Full Birth Name _				Sex
	First	Middle	Last	
2. Date of Birth		Place of Birth		
	Month/Day/Year		City/County/State	
3. Fathers Full Name				
	First	Middle	Last	
4. Mothers Maiden N	ame			
4. Mothers Maiden N	First	Middle	Last	
5. Reason for needing	g this Birth Certifica	ite		
6. Relationship to per	rson listed above			
7. Signature of Appli	cant		Date	
Address			Zip	
8. Phone Number				
Clerks Information 1	Below:			
Date Issued	By _		Issued #	
			promote healthy early childhoy the Office of Early Childho	
		•	y the office of Early Children	

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 678, SEC. 195.003)

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BI BIRTH/DEATH CERTIFICATE	IRTH/DEATH, AND NAM	ES OF PARENTS AS INFORMATION APPEARS		
JLL NAME OF PERSON ON RECORD		DATE OF BIRTH/DEATH		
PLACE OF BIRTH/DEATH (City or County)		SEX		
FULL NAME OF PARENT 1	FULL NAME O	F PARENT 2		
PART II. ENTER RELATIONSHIP TO PERSON ON	RECORD AND THE TYP	PE OF ID USED.		
NAME AND RELATIONSHIP TO PERSON ON REC	CORD TYPE	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED		
AFFIDAVIT	OF PERSONA	L KNOWLEDGE		
PART III. THIS SECTION MUST BE SIGNED IN TH	E PRESENCE OF A NO	TARY PUBLIC.		
STATE OF				
COUNTY OF				
Before me on this day appeared	(Name)	······		
}[¸ÁA^∙ãàāj*ÁææÁ (Address)	(City)	(State)		
} [, A^• aaa) * AeecA (Address) who is related ([Ás@Aj^!•[] Aj æ{ ^âAj} ÁJæb Address)	(Relationship)			
•æ••ÁsœeAhe contents of this affidavit are true and correct.	, ,,			
Sworn to and subscribed before me, this day of		, 20		
		Signature of Notary Public		
		Commission Expires		
(Seal)		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:

NICOLE CROCKER CALLAHAN COUNTY CLERK 100 WEST FOUR ST. STE 104