

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

Liberty County Clerk
PO Box 369
Liberty, TX 77575
936-336-4600

Fee: \$23.00 each
Quantity

WARNING: The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine of up to \$10,000.00(Health & Safety Code 195.003)

Please Print:

Information Found on Birth Certificate

1. Full Name on Record: (first, middle, last)

2. Date of Birth:

3. Place of Birth: (City, County)

4. Father's Full Name:

5. Mother's Full Maiden Name: (Her given name at time of her Birth)

Information about Applicant

6. Applicant's Full Name:

7. Applicant's Mailing Address:

City, State, Zip Code

8. Telephone Number:

9. Applicant's Relationship to Person Named in #1:

10. Purpose for Obtaining Record:

Signature of Applicant

Today's Date

(COPY OF APPLICANT'S PHOTO ID IS REQUIRED)

For applications that are sent by mail:

The attached Notarized Proof of Identification/Affidavit of Personal Knowledge and copy of valid photo ID must be attached to this completed application or the request will not be processed.

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 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 ____. | |
| <small>(Please place notary stamp in space below)</small> | |
| 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. 195.003)

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

**LIBERTY COUNTY CLERK
VITAL RECORDS
PO BOX 369
LIBERTY, TX 77575**

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