

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

Archer County Clerk
Karren Winter
PO Box 427
Archer City, TX 76351
940-574-4302

Office Use Only

Each Certified Copy..... \$23.00
Number Requested.....
Total Due.....\$
Certificate NO.....
Cash ___ Check# ___ Debit/Credit ___
(Only money orders/cashier checks by mail)

I wish to make a \$5 donation for the Texas Home Visiting Program for healthy early childhood

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. Parent 1 Full Name: _____ Maiden/Birth Last Name _____
5. Parent 2 Full Name: _____ Maiden/Birth Last Name _____

Information about Applicant

6. Applicant's Full Name: _____
7. Applicant's Mailing Address: _____
City, State, Zip Code _____
8. Telephone Number: _____ 9. Email Address _____
10. Applicant's Relationship to Person Named in #1: _____
11. Purpose for Obtaining Record: _____

Signature of Applicant
(COPY OF APPLICANT'S PHOTO ID IS REQUIRED)

Today's Date

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.
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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 _____ (relationship) and who on oath deposes		
and says that the contents of this affidavit are true and correct.		
Signature _____		
Sworn to and subscribed before me, this ____ day of _____, 20 ____.		
<i>(Please place notary stamp in space below)</i>		
		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:

**ARCHER COUNTY CLERK
VITAL RECORDS
PO BOX 427
ARCHER CITY TX 76351**

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