

APPLICATION FOR BIRTH CERTIFICATE (W)

Please Print & Type

Mail this form with your check or money order to:
CATHY JENTHO, EASTLAND COUNTY CLERK
P. O. BOX 110 OR 100 WEST MAIN STREET #102
EASTLAND, TEXAS 76448
254-629-1583

_____ Certified Copies @ \$23.00 each \$ _____

Full Name of Person on Record: _____
(First, Middle, Last)

Date of Birth: (Month,Day,Year) _____

Place of Birth: (City,County) _____

Full Name of Father: _____
(First,Middle,Last)

Full Maiden Name of Mother: _____
(First,Middle,Maiden)

Applicant's Full Name: _____
(First,Middle,Last)

Mailing Address: _____

City, State, Zip: _____

Daytime Phone Number: (Area Code+number) _____

Relationship to Person on Record: _____

Purpose for Obtaining Record: _____

Applicant's Identification Type: _____
(Attach Photocopy)

ID Number: _____

SIGNATURE OF APPLICANT X _____
(REQUIRED)

**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 & SAFETY CODE 195.003) revised 12-01-2005**

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 on Part I as _____ and who on oath deposes and (Relationship)
says that the contents of this affidavit are true and correct.
Signature _____
Sworn to and subscribed before me, this _____ day of _____, 20 _____.

(Seal)

Signature of Notary Public
Commission Expires
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:

Cathy Jentho
Eastland County Clerk
P O Box 110
100 W. Main Suite 102
Eastland, Tx. 76448

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