

# APPLICATION FOR A CERTIFIED COPY OF BIRTH CERTIFICATE

DAWSON COUNTY CLERK  
CLARE CHRISTY  
P.O. BOX 1268  
400 S. 1<sup>ST</sup> ST.  
LAMESA, TX  
79331  
806-872-3778



## OFFICE USE ONLY

Each Certified Copy.....\$24.00  
# of Certified Request.....  
Total Due.....\$  
Certificate No. ....

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. Full Name of Parent 1: (First, Middle, Maiden Name/Last Name)

5. Full Name of Parent 2: (First, Middle, Maiden Name/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

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 of the request will not be processed.

**NOTARIZED PROOF OF IDENTIFICATION**

<b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b>	
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
<b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

**AFFIDAVIT OF PERSONAL KNOWLEDGE**

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>
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 ____.
(Please place notary stamp in space below)
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:**

**Dawson County Clerk  
P.O. Box 1268  
Lamesa, Tx 79331**

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