

DARLA SHEPPARD

DAWSON COUNTY CLERK
P.O. BOX 1268, LAMESA, TX 79331

APPLICATION FOR CERTIFIED COPY OF A BIRTH CERTIFICATE

THESE RECORDS ARE PROTECTED BY THE STATE OF HEALTH AND SAFETY CODE AND MAY ONLY BE RELEASED TO A "PROPERLY" QUALIFIED APPLICANT", WHICH IS DEFINED AS AN IMMEDIATE MEMBER OF THE FAMILY, A LEGAL OR PERSONAL REPRESENTATIVE, OR AGENT. PROPER IDENTIFICATION WILL BE REQUIRED AT THE TIME OF ORDER.

*FEE: \$24.00 FOR EACH COPY

BIRTH REQUEST FOR:

FULL NAME: _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

FATHERS NAME: _____
FIRST MIDDLE LAST

FULL MAIDEN NAME OF MOTHER: _____
FIRST MIDDLE LAST

NAME OF APPLICANT: _____
FIRST MIDDLE LAST

I AM RELATED AS: _____

PURPOSE OF REQUEST: _____

ADDRESS OF APPLICANT: _____
CITY STATE ZIP

APPLICANT PHONE #: _____

SIGNATURE OF APPLICANT DATE

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. 195, Sec. 195.0)

FOR OFFICE USE ONLY:
PROPER IDENTIFICATION PROVIDED: YES NO ATTACHED
TYPE _____ ID # _____

CERTIFICATE # _____
VOL _____ PAGE _____

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 _____ (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_____.	
(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:

MAILING ADDRESS:
P.O. DRAWER 1268
LAMESA, TEXAS 79331

(806) 872-3778
872-7685
FAX (806) 872-3395

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