

APPLICATION FOR A CERTIFIED COPY OF BIRTH CERTIFICATE

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



OFFICE USE ONLY

Each Certified Copy.....\$23.00
Plastic sleeve(optional).....\$1.00
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: _____
5. Full Name of Parent 2: _____

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.

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____.	
(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)