

NOTATIZED 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/COUNTY)	SEX
FULL NAME OF PARENT 1	FULL NAME OF PAREN 2

PART II. ENTER RELEATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED

NAME AND RELATIONSHIP TO PERON 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 and
 (Relationship)

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 IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY TO KNOWLING 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, CHAPTED 195, SEC. 195.003)
 MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT (MONEY ORDER OR CASHIER CHECK) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

MCCULLOCH COUNTY CLERK
 VITAL RECORDS
 101 N. HIGH ST.
 BRADY, TX. 76825

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