

## 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 _____ <span style="margin-left: 400px;">(Name)</span>	
now residing at _____ <span style="margin-left: 100px;">(Address)</span> <span style="margin-left: 100px;">(City)</span> <span style="margin-left: 100px;">(State)</span>	
who is related to the person named on Part I as _____ <span style="margin-left: 200px;">(Relationship)</span> 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:

JAN BARNES  
HUTCHINSON COUNTY CLERK  
PO BOX 1186  
STINNETT, TX 79083

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



New Certificate number(s) \_\_\_\_\_

APPLICATION FOR CERTIFIED COPY OF BIRTH - DEATH - MARRIAGE CERTIFICATE  
SOLICITUD DE COPIA CERTIFICADA DE NACIMIENTO - MUERTE - CERTIFICADO DE MATRIMONIO

Disclaimer: Please note that long form Birth Certificates are only available if person is born in Hutchinson County and only on some Borger residents. Death Certificates are only available for deaths occurring in Hutchinson County and OUTSIDE of the Borger City Limits.  
Descargo de responsabilidad: Tenga en cuenta que a largo Certificados de Nacimiento de forma sólo están disponibles si la persona ha nacido en el Condado de Hutchinson y sólo en algunos residentes Borger. Certificados de Defunción sólo están disponibles para las muertes que ocurren en el Condado de Hutchinson y fuera de los límites de la ciudad Borger.

APPLICANT'S NAME: \_\_\_\_\_  
NOMBRE DEL SOLICITANTE

APPLICANT'S ADDRESS: \_\_\_\_\_  
Dirección del solicitante

APPLICANT'S PHONE NUMBER: \_\_\_\_\_  
SOLICITANTE NÚMERO DE TELÉFONO

RELATIONSHIP TO PERSON ON CERTIFICATE: \_\_\_\_\_  
RELACIÓN CON LA PERSONA EN EL ACTA

PURPOSE FOR OBTAINING THIS RECORD: \_\_\_\_\_  
FIN DE OBTENER ESTE REGISTRO

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
FIRMA DEL SOLICITANTE FECHA

ATTACH COPY OF IDENTIFICATION BEING USED  
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. (Health & Safety Code, Ch 678, Sec. 195.003)

ADVERTENCIA: LA PENA, AL DAR UNA DECLARACIÓN FALSA EN ESTE FORMULARIO SE 2-10 AÑOS DE PRISIÓN Y UNA MULTA DE HASTA \$ 10,000. (Salud y Seguridad, CH 678, SEC. 195.003)

BIRTH CERTIFICATE: CERTIFICATE # \_\_\_\_\_ (circle one) LONG FORM or SHORT FORM

DEATH CERTIFICATE: CERTIFICATE # \_\_\_\_\_

FULL NAME OF PERSON(S) ON RECORD: \_\_\_\_\_  
NOMBRE DE LA PERSONA DE REGISTRO

DATE OF BIRTH / DEATH: \_\_\_\_\_ SEX: MALE or FEMALE (circle one)  
FECHA DE NACIMIENTO / FALLECIMIENTO EL SEXO: MASCULINO O FEMENINO (MARQUE UNO)

PLACE OF BIRTH/ DEATH: City \_\_\_\_\_ County \_\_\_\_\_  
LUGAR DE NACIMIENTO / FALLECIMIENTO: Ciudad Condado

FATHER'S FULL NAME: \_\_\_\_\_  
NOMBRE COMPLETO DEL PADRE

MOTHER'S FULL MAIDEN NAME: \_\_\_\_\_  
NOMBRE COMPLETO DE SOLTERA DE LA MADRE

MARRIAGE LICENSE: CERTIFICATE # \_\_\_\_\_

FULL NAME OF GROOM: \_\_\_\_\_  
NOMBRE COMPLETO DEL NOVIO

FULL MAIDEN NAME OF BRIDE: \_\_\_\_\_  
NOMBRE DE SOLTERA DE LA NOVIA

DATE OF MARRIAGE: \_\_\_\_\_  
FECHA DE MATRIMONIO

\_\_\_ I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of the Early Childhood Coordination of the Health and Human Services. Quiero hacer una contribución voluntaria de \$5.00 para promover la primera infancia sana mediante el apoyo a la visita al hogar Texas programa administrado por la Oficina de la Coordinación de la Primera Infancia de la Salud y Servicios Humanos.

Deputy Signature: \_\_\_\_\_

New Certificate number(s) \_\_\_\_\_

In order for an individual to obtain a certified copy of a birth or death record, the person must be a qualified applicant. Chapter 25 of the Texas Administrative Code §181.11 defines a qualified applicant as: the registrant (person listed on the birth record as the child), an immediate family member either by blood or marriage, the registrant's guardian, or the registrant's legal agent or representative. An immediate family member may be the parent, grandparent, Sibling or child of the registrant.

Para que un individuo pueda obtener una copia certificada de una acta de nacimiento o de defunción, la persona debe ser un solicitante calificado. Bajo el Capítulo 25 del Código Administrativo de Tejas §181.11 un solicitante calificado se define como: El inscrito (persona que aparece en la acta de nacimiento como el niño/a) un familiar directo ya sea por consanguinidad o afinidad, tutor de la persona registrada, o el agente legal o representante del inscrito. Un familiar directo puede ser un padre, abuelo/a, hermano/a, o hijo/a del inscrito.