

**APPLICATION FOR CERTIFIED COPY OF BIRTH**

**Checks Payable to Haskell County Clerk**

**Cost: \$23.00 (each)**

NAME ON RECORD: \_\_\_\_\_  
                                    **FIRST**                                    **MIDDLE**                                    **LAST**  
DATE OF BIRTH: \_\_\_\_\_  
                                    **MONTH**                                    **DAY**                                    **YEAR**  
PLACE OF BIRTH: \_\_\_\_\_  
                                    **CITY**                                    **COUNTY**                                    **STATE**  
FATHERS NAME: \_\_\_\_\_  
                                    **FIRST**                                    **MIDDLE**                                    **LAST**  
MOTHER'S NAME: \_\_\_\_\_  
                                    **FIRST**                                    **MIDDLE**                                    **MAIDEN NAME**

APPLICANT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

RELATIONSHIP TO PERSON ON RECORD: \_\_\_\_\_  
(Self, Mother, Father, Grandparent, Brother, Sister, Husband, Wife, or Legal Guardian)

PURPOSE FOR OBTAINING COPY OF THIS CERTIFICATE:  
Driver's License: \_\_\_ Employment: \_\_\_ Housing: \_\_\_ Identification: \_\_\_  
Immigration: \_\_\_ Insurance: \_\_\_ Medicare/Medicaid: \_\_\_ Military: \_\_\_  
Passport (see below): \_\_\_ School: \_\_\_ Social Security: \_\_\_ Sports: \_\_\_ Travel: \_\_\_  
Veteran: \_\_\_ Other (please specify): \_\_\_\_\_

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 Early Childhood Coordination of Health and Human Services.

**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 195-003)**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**REQUEST WILL NOT BE PROCESSED WITHOUT IDENTIFICATION**

PASSPORT APPLICANTS: YOU MAY NEED TO OBTAIN A CERTIFIED COPY OF YOUR BIRTH CERTIFICATE (LONG FORM) FROM YOUR COUNTY OF BIRTH OR FROM THE BUREAU OF VITAL STATISTICS OFFICE AT AUSTIN. (We can issue you an abstract of birth, but it depends on the passport office whether or not they accept it. If you purchase the abstract, you take it at the risk of it not being accepted by the passport agency and your money will not be refunded if it is not accepted.)

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**HASKELL COUNTY CLERK'S OFFICE USE ONLY:**

Certificate # \_\_\_\_\_ Issued By: \_\_\_\_\_

**AFFIDAVIT OF PERSONAL KNOWLEDGE ( MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC ) ( PART III )**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ Before me on this day appeared \_\_\_\_\_ ( APPLICANT NAME )

now residing at \_\_\_\_\_ ( ADDRESS ) \_\_\_\_\_ ( CITY ) \_\_\_\_\_ ( STATE )

who is related to the person named on Part 1 as \_\_\_\_\_ ( RELATIONSHIP ) and who on oath deposes and says that the contents of this affidavit are true and correct.

The applicant presented the following type and number of identification \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Notary Public and Notary ID # \_\_\_\_\_  
Typed or Printed Name \_\_\_\_\_  
Commission Expires on \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, 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 APPLICATION, PAYMENT AND A VALID PHOTO ID TO:**

**BELIA ABILA, HASKELL COUNTY CLERK  
PO BOX 725  
HASKELL, TX 79521**