

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

CHECKS PAYABLE TO:

HASKELL COUNTY CLERK

COST: \$23.00

OF COPIES WANTED _____

NAME ON RECORD: _____
FIRST _____ MIDDLE _____ LAST _____

DATE OF BIRTH: _____
MONTH _____ DAY _____ YEAR _____

PLACE OF BIRTH: _____
CITY _____ COUNTY _____ STATE _____

FATHER'S 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 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)

REQUEST WILL NOT BE PROCESSED WITHOUT COPY OF VALID PICTURE ID.

Signature of Applicant

Date

****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 IN AUSTIN.**

OFFICE USE ONLY:

CERT # _____ ISSUED BY: _____

CHECK CASH CREDIT/DEBIT

CINDY WALKER
HASKELL COUNTY CLERK
P.O. BOX 725
HASKELL, TX 79521

PHONE: (940) 864-2451
FAX: (940) 864-6164

EMAIL: CINDY.WALKER@HASKELLCOUNTYTX.GOV

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

STATE (L.F.)	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:

CINDY WALKER, HASKELL COUNTY CLERK
PO BOX 725
HASKELL, TX 79521

- Please fill out the Birth Certificate Application and the Notary.
- Need a copy of a Photo ID
- And a check or Money Order of \$23.00 for the cost of the Birth Certificate. Or you can call the office to make a payment over the phone.

(940) 864-2451