

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 I.D.

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 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 _____ and who on oath deposes and says that			
(RELATIONSHIP)			
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