

# APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

Dickens County Clerk  
 PO Box 120  
 Dickens, TX 79370  
 806-623-5531  
 806-623-5240 fax

Birth Certificate Only	\$25.00
Birth Certified Copy	
Number Requested	
Total Due	
Certificate NO.	
Cash / Check / Money Order / Debit Card	
(Only money orders, cashier checks by mail)	

I wish to make a \$5 donation for the Texas Home Visiting Program for healthy early childhood

**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 \$10,000.00 (Health & Safety Code 195.003)

**Please Print:** *Information Found on Birth Certificate*

1. Full Name on Record: (first, middle, last) \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_
3. Place of Birth: (City, County) \_\_\_\_\_
4. Father's Full Name: \_\_\_\_\_
5. Mother's Full Maiden Name: (Her given name at time of her Birth) \_\_\_\_\_

*Information about Applicant*

6. Applicant's Full Name: \_\_\_\_\_
7. Applicant's Mailing Address: \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_
8. Telephone Number: \_\_\_\_\_
9. Email Address \_\_\_\_\_
10. Applicant's Relationship to Person Named in #1: \_\_\_\_\_
11. Purpose for Obtaining Record: \_\_\_\_\_

Signature of Applicant  
 (COPY OF APPLICANT'S PHOTO ID IS REQUIRED)

Today's Date

**For applications that are sent by mail:**  
 The attached Notarized Proof of Identification/Affidavit of Personal Knowledge and copy of valid photo ID must be attached to this completed application or the request will not be processed.

## 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

**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 \_\_\_\_\_  
(relationship) 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\_\_\_\_.

(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 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:**

**DICKENS COUNTY CLERK  
 PO BOX 120  
 508 CROW ST.  
 DICKENS, TX 79229**

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