

# APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

Hunt County Clerk  
Jennifer Lindenzweig  
PO Box 1316  
Greenville TX 75403  
903-408-4130



<b>Office Use Only</b>	
Each Certified Copy.....	\$23.00
Number Requested.....	_____
Total Due.....	\$_____
Certificate NO. ....	_____
Cash ___ Check#_____ Debit/credit _____	
(Only money orders/cashier checks by mail)	

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

**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. Parent 1 Full Name: \_\_\_\_\_ Maiden/Birth Last Name \_\_\_\_\_
5. Parent 2 Full Name: \_\_\_\_\_ Maiden/Birth Last Name \_\_\_\_\_

*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

**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)

**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>	
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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>	
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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>
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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 _____ (Signature of Applicant)
Sworn to and subscribed before me, this ____ day of _____, 20 ____.
<b>(Please place notary stamp in space below)</b>

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 (MONEY ORDER OR CASHIER CHECK) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:**

**HUNT COUNTY CLERK  
VITAL RECORDS  
PO BOX 1316  
GREENVILLE TX 75403**

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