

HENDERSON COUNTY MARY MARGARET WRIGHT COUNTY CLERK

125 N. PRAIRIEVILLE ST, ROOM 101 ATHENS, TEXAS 75751 PHONE NUMBER: 903-675-6140

Birth Certificates \$23.00 -Death Certificates \$21.00 (\$3.00) -Military Discharge NO Charge

**BIRTH/DEATH/MILITARY DISCHARGE
CERTIFICATE REQUEST
(Please Circle Certificate Request)**

NOTE: This Office is not responsible for any errors made on the original birth certificates. You must make all corrections in Austin.

Name On Record: _____

Sex: _____ Male _____ Female

Birth date: _____ Death date: _____ Discharge date: _____

City/County of Birth/Death: _____

Mother's Full Name (MAIDEN): _____

Father's Full Name: _____

How are you related? : ID REQUIRED (Copy of applicant's drivers license)

Self Parent Child Grandparent Spouse Other _____

Purpose for acquiring this certificate:

School Passport Social Security Retirement Personal

Applicant's Name: _____

Applicant's Signature: _____

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, DEC 195.003)

<i>For Office use only:</i>	
IDENTIFICATION # _____	CERTIFICATE NO. _____
DATE: _____	INITIALS _____

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE			
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	

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.	
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 on 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 _____.						
<i>(Seal)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Signature of Notary Public</td></tr> <tr><td style="text-align: center;">Commission Expires</td></tr> <tr><td style="text-align: center;">Typed or Printed Name</td></tr> <tr><td style="text-align: center;">Street Address</td></tr> <tr><td style="text-align: center;">City, State and Zip</td></tr> </table>	Signature of Notary Public	Commission Expires	Typed or Printed Name	Street Address	City, State and Zip
Signature of Notary Public						
Commission Expires						
Typed or Printed Name						
Street Address						
City, State and 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 SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

Mary Margaret Wright
County Clerk
125 N. Prairieville St., Suite 101
Athens, TX 75751

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