

APPLICATION BY MAIL SHORT FORM BIRTH CERTIFICATE

Brandi DeRemer
Taylor County Clerk
300 Oak Street, Suite 100
Abilene, Texas 79602
325-674-1202

Application Fee is non-refundable and due at time of application.

<u>INSTRUCTIONS</u>		<u>COPIES REQUESTED</u>	
THE FEE FOR EACH CERTIFICATION MUST BE SUBMITTED WITH THIS APPLICATION AND A COPY OF YOUR DRIVERS LICENSE PLEASE TYPE OR PRINT LEGIBLE.		CERTIFICATE OF BIRTH \$23.00 EACH HOW MANY? _____ AMOUNT ENCLOSED \$ _____	
SHORT FORM BIRTH CERTIFICATES MAY NOT BE USED TO OBTAIN A PASSPORT SEE WEBSITE FOR DETAILS: http://www.taylorcountytexas.org/121/Birth-Death-Certificates CASHIER'S CHECK OR MONEY ORDER NO PERSONAL OR BUSINESS CHECKS			
INFORMATION ABOUT PERSON WHOSE BIRTH CERTIFICATE IS REQUESTED			
1. NAME AT BIRTH	FIRST	MIDDLE	LAST
2. DATE OF BIRTH	MONTH	DAY / YEAR	3. SEX
4. PLACE OF BIRTH	CITY OR TOWN	COUNTY	STATE
5. 1st PARENT'S FULL NAME (Inc. Maiden)	FIRST	MIDDLE	MAIDEN/LAST NAME
6. 2nd PARENT'S FULL NAME (Inc. Maiden)	FIRST	MIDDLE	MAIDEN/LAST NAME
PERSON REQUESTING CERTIFICATION OF BIRTH			
7. PURPOSE OF WHICH CERTIFICATION OF BIRTH IS TO BE USED (SCHOOL, SPORTS, EMPLOYMENT, MILITARY, PASS PORT, VOTER IDENTIFICATION, ETC.)			
8. RELATIONSHIP TO PERSON NAMED IN ITEM 1 ABOVE (SELF, MOTHER, ATTORNEY, ETC.)			
9. PRINTED NAME OF APPLICANT			
10. ADDRESS OF APPLICANT		STREET ADDRESS	
CITY	STATE	ZIP	
11. SIGNATURE OF APPLICANT		12. PHONE NUMBER	13. DATE SIGNED
IF YOU WANT THE CERTIFICATION OF BIRTH MAILED TO SOME OTHER PERSON, COMPLETE THIS SECTION		PLEASE COMPLETE THIS FORM AND RETURN WITH FEE AND COPY OF APPLICANTS DRIVERS LICENSE TO THE ADDRESS ABOVE.	
NAME		DO NOT WRITE IN THIS SPACE CLERK _____ LICENSE # _____	
STREET ADDRESS			
CITY OR TOWN	STATE ZIP		
WARNING: Applicants must include the Notarized Proof of Identification on page 2. No exceptions			

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH APPLICATION		
FULL NAME OF PERSON ON RECORD	DATE OF BIRTH	
PLACE OF BIRTH (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 signed by me and that the statements are true and correct.	
	Applicant's Signature _____
Sworn to and subscribed before me, this _____ day of _____, 20_____.	
<i>(Personalized Seal)</i>	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 APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO: Taylor County Clerk
300 Oak Street, Suite 100
Abilene, Texas, 79602**

(APPLICATIONS WITHOUT PHOTO ID AND THIS NOTARIZED STATEMENT WILL NOT BE PROCESSED)