

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

## 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 _____ <div style="text-align: right; margin-left: 350px;">(Name)</div> now residing at _____ <div style="text-align: center; margin-left: 100px;">(Address)                      (City)                      (State)</div> who is related to the person named on Part I as _____ and who on oath deposes and <div style="text-align: center; margin-left: 200px;">(Relationship)</div> says that the contents of this affidavit signed by me and that the statements are true and correct. <div style="text-align: right; margin-left: 300px;">Applicant's Signature _____</div> Sworn to and subscribed before me, this _____ day of _____, 20____.						
<i>(Personalized Seal)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center; padding: 5px;">Signature of Notary Public</td></tr> <tr><td style="text-align: center; padding: 5px;">Commission Expires</td></tr> <tr><td style="text-align: center; padding: 5px;">Typed or Printed Name</td></tr> <tr><td style="text-align: center; padding: 5px;">Street Address</td></tr> <tr><td style="text-align: center; padding: 5px;">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 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)**