

# APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

WHARTON COUNTY CLERK  
 BARBARA SVATEK  
 PO BOX 69  
 WHARTON, TX 77488  
 979-532-2381

# Requested

\_\_\_\_\_ Certified Copies x \$23.00 = \_\_\_\_\_  
 Total Enclosed = \_\_\_\_\_

<b>Full Name of Person on Record</b>	First Name	Middle Name		Last Name
<b>Date of Birth</b>	Month	Day	Year	Sex
<b>Place of Birth</b>	City or Town	County		State
<b>Full Name of Parent1</b>	First Name	Middle Name		Maiden Name/ Last Name
<b>Full Name of Parent2</b>	First Name	Middle Name		Maiden Name/ Last Name

1. APPLICANT'S NAME: \_\_\_\_\_ 2. TELEPHONE #: \_\_\_\_\_

3. MAILING ADDRESS: \_\_\_\_\_  
STREET NAME CITY STATE ZIP

4. RELATIONSHIP TO PERSON NAMED IN ITEM NO.1: \_\_\_\_\_

5. PURPOSE FOR OBTAINING THIS RECORD: \_\_\_\_\_

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS AND A FINE OF UP TO \$10,000 (HEALTH AND SAFETY CODE, CHAPTER 195, SEC.195-003)

6. \_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DATE

**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**

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC</b>
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 _____ 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____. (PLEASE PLACE NOTARY STAMP IN SPACE BELOW)
SIGNATURE OF NOTARY _____

**WARNING: IT IS A PELONY 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 ONLY) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:**

**WHARTON COUNTY CLERK  
VITAL RECORDS  
PO BOX 69  
WHARTON TX 77488**

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