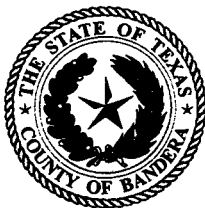


APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

Bandera County Clerk
Tandie Mansfield
PO Box 823
Bandera, TX 78003
830-796-3332



Office Use Only	
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

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 in Part I as _____ and who on oath deposes (relationship)	
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 ____.	
<i>(Please place notary stamp in space below)</i>	
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:

**BANDERA COUNTY CLERK
VITAL RECORDS
PO BOX 823
BANDERA, TX 78003**

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