

**APPLICATION FOR CERTIFIED COPY OF BIRTH**

**Checks Payable to Jones County Clerk**

**Cost: \$23.00 (each)**

NAME ON RECORD: \_\_\_\_\_  
                                    FIRST                                    MIDDLE                                    LAST  
DATE OF BIRTH: \_\_\_\_\_  
                                    MONTH                                    DAY                                    YEAR  
PLACE OF BIRTH: \_\_\_\_\_  
                                    CITY                                    COUNTY                                    STATE  
FATHERS NAME: \_\_\_\_\_  
                                    FIRST                                    MIDDLE                                    LAST  
MOTHER'S NAME: \_\_\_\_\_  
                                    FIRST                                    MIDDLE                                    MAIDEN NAME

APPLICANT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

RELATIONSHIP TO PERSON ON RECORD: \_\_\_\_\_  
(Self, Mother, Father, Grandparent, Brother, Sister, Husband, Wife, or Legal Guardian)

PURPOSE FOR OBTAINING COPY OF THIS CERTIFICATE:  
Driver's License: \_\_\_ Employment: \_\_\_ Housing: \_\_\_ Identification: \_\_\_  
Immigration: \_\_\_ Insurance: \_\_\_ Medicare/Medicaid: \_\_\_ Military: \_\_\_  
Passport (see below): \_\_\_ School: \_\_\_ Social Security: \_\_\_ Sports: \_\_\_ Travel: \_\_\_  
Veteran: \_\_\_ Other (please specify): \_\_\_\_\_

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.

**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, Sec 195-003)**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**REQUEST WILL NOT BE PROCESSED WITHOUT IDENTIFICATION**

PASSPORT APPLICANTS: YOU MAY NEED TO OBTAIN A CERTIFIED COPY OF YOUR BIRTH CERTIFICATE (LONG FORM) FROM YOUR COUNTY OF BIRTH OR FROM THE BUREAU OF VITAL STATISTICS OFFICE AT AUSTIN. (We can issue you an abstract of birth, but it depends on the passport office whether or not they accept it. If you purchase the abstract, you take it at the risk of it not being accepted by the passport agency and your money will not be refunded if it is not accepted.)

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**JONES COUNTY CLERK'S OFFICE USE ONLY:**

Certificate # \_\_\_\_\_ Issued By: \_\_\_\_\_

## 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 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 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
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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**

Jones County Clerk  
P.O. Box 552  
Anson, Texas 79501

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