APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

Lee County Clerk Sharon Blasig P.O. Box 419 Giddings, TX 78942 979-542-3684

Signature of Applicant



Each Certified (Сору\$23.00
Number Reques	ted
Total Due	\$
Certificate NO	

☐ I would like to make a "Voluntary" \$5.00 contribution to the TEXAS HOME VISITING PROGRAM (State program to promote early healthy childhood) 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) Information Found on Birth Certificate **Please Print:** Full Name on Record: Date of Birth: Place of Birth: City County Father's Full Name: Mother's Full Maiden Name: Information about Applicant Applicant's Relationship: Purpose for Obtaining Record: Applicant's Name: Applicant's Mailing Address: Telephone Number:

APPLICANT'S PHOTO ID IS REQUIRED
(NOTARIZED copy of APPLICANT'S PHOTO ID is REQUIRED if mailed) (See attached)

Today's Date

NOTARIZED PROOF OF IDENTIFICATION

PART 2	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

PART 3: THIS SECTION MUST BE SIGNED IN THE PRES	ENCE OF A NOTARY PUBLIC
STATE OF	
COUNTY OF	
Before me on this day appeared	
	(Name)
who is related to the person named on this application and correct.	n and the contents of this application are true
Sworn to and subscribed before me, this day of	, 20
	Signature of Notary Public
	Commissioner Expires
	Typed or Printed Name