## NOTARIZED PROOF OF IDENTIFICATION

Please complete this form if applying for certified copy of birth or death certificate by mail OR email

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 RECO	ORD.
QUALIFIED APPLICANT NAME (IF NOT SELF)	RELATIONSHIP TO PERSON ON VITAL RECORD
AFFIDAVIT OF PERSONAL KNOWLEDGE	
PART III. THIS SECTION MUST BE SIGNED IN THE PRESE	ENCE OF A NOTARY PUBLIC.
STATE OF	
COUNTY OF	
Before me on this day appeared	
	(Name)
now residing at	
(Address)	(City) (State) (Zip Code)
who is related to the person named on Part I as	and who on oath deposes and (Relationship)
save that the contents of this affidavit are true and corr	
says that the contents of this affidavit are true and corr	Tect.
	Signature of Affiant
Sworn to and subscribed before me, thisday	y of20
	Signature of Notary Public
	Commission Expires
(Seal)	Type or Printed Name
	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED
WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCU	UMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR

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 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 TO:

by USPS:

JEFFERSON COUNTY CLERK PO BOX 1151 BEAUMONT, TX 77704

By FEDEX, LoneStar, or UPS: JEFFERSON COUNTY CLERK 1085 PEARL STREET, FIRST FLOOR BEAUMONT, TX 77701