

**APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE**

**JENNIFER HOFFPAUIR**  
 County Clerk, Runnels County  
 613 Hutchings Ave., Rm. 106  
 Ballinger, Texas 76821  
 Phone - 325.365.2720

|                                |            |
|--------------------------------|------------|
| <b>BIRTH CERTIFICATE</b>       |            |
| # REQUESTED                    |            |
| _____ CERTIFIED COPY X \$23.00 | = \$ _____ |
| TOTAL ENCLOSED                 | \$ _____   |

**PLEASE PRINT**

|  |               |              |                                   |
|--|---------------|--------------|-----------------------------------|
| <b>1. Full Name of Person<br/>On Record XXXXXXXX</b> | First Name:   | Middle Name: | Last Name AT BIRTH:               |
| <b>2. DATE OF BIRTH</b>                              | Month:        | Day:         | Year:                             |
| <b>3. SEX (circle one)</b>                           | Male          | Female       |                                   |
| <b>4. PLACE OF BIRTH<br/>XXXXXXXXXXXXXXXXXX</b>      | City or Town: | County:      | State:                            |
| <b>5. Full Name of FATHER<br/>XXXXXXXXXXXXXXXXXX</b> | First Name:   | Middle Name: | Last Name:                        |
| <b>6. Full Name of MOTHER<br/>XXXXXXXXXXXXXXXXXX</b> | First Name:   | Middle Name: | Last Name (Mother's maiden name): |

7. APPLICANT'S NAME: \_\_\_\_\_

8. TELEPHONE NUMBER: (      ) \_\_\_\_\_  
 (Monday – Friday 8:00am – 5:00pm)

9. MAILING ADDRESS: \_\_\_\_\_  
STREET ADDRESS    CITY    STATE    ZIP

10. RELATIONSHIP TO PERSON NAMED IN ITEM 1: \_\_\_\_\_

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

**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 20 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000.00. (HEALTH AND SAFETY CODE, CHAPTER 195 SEC.195.003).**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

IDENTIFICATION TYPE: \_\_\_\_\_ NO #: \_\_\_\_\_  
(Driver's License, I.D. Card, etc)    (# on DL, I.D. Card, etc)

If processing this request by mail, please mail this application, payment and a photocopy of your valid photo ID to:

Jennifer Hoffpaur  
 County Clerk  
 613 Hutchings Ave., Rm. 106  
 Ballinger, Texas 76821

## 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 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 _____.   |                            |
| <p>(Seal)</p>   | Signature of Notary Public |
|   | Commission Expires         |
|   | Typed or Printed Name      |
|   | Street Address             |
|   | City, State and Zip        |

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