

# APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

Hopkins County Clerk  
Debbie Shirley  
128 Jefferson St. Ste.C  
Sulphur Springs, TX  
75482  
903-438-4074



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

**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)

**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: (first, middle, maiden name/last name) \_\_\_\_\_
5. Parent 2 Full Name: (first, middle, maiden name/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

**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***

<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>
<p>STATE OF _____</p> <p>COUNTY OF _____</p> <p>Before me on this day appeared _____  <span style="margin-left: 150px;">(name)</span></p> <p>now residing at _____  <span style="margin-left: 50px;">(Address)</span> <span style="margin-left: 100px;">(City)</span> <span style="margin-left: 100px;">(State)</span></p> <p>who is related to the person named in Part I as _____  <span style="margin-left: 150px;">(relationship)</span> and who on oath deposes</p> <p>and says that the contents of this affidavit are true and correct.</p> <p style="text-align: right; margin-right: 50px;">Signature _____</p> <p>Sworn to and subscribed before me, this ____ day of _____, 20 ____.</p> <p><b>(Please place notary stamp in space below)</b></p>

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:**

**HOPKINS COUNTY CLERK  
 VITAL RECORDS  
 128 JEFFERSON ST. SUITE C  
 SULPHUR SPRINGS, TX 75482**

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