

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE, AND PLACE OF BIRTH/DEATH. INCLUDE THE NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE

FULL NAME OF PERSON ON RECORD

DATE OF BIRTH OR 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 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 FILLED OUT BY PERSON EXECUTING BIRTH OR DEATH APPLICATION AND SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

Before me on this day _____ now residing at
(printed name of applicant)

_____ who is related to the person named on Part I as
(address) (city) (state) (zip)

_____ and who on oath deposes and says that the contents of this affidavit are true and correct.
(relationship)

Signature of Applicant: _____

Sworn and subscribed before me, this _____ day of _____, 20_____.

Signature of Notary Public

Commission Expires

Typed or Printed Name

Street Address

(Notary Seal)

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 TO:

**San Saba County Clerk
500 E. Wallace, Suite 202
San Saba, TX 76877**

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