

**Kaufman County**

**Laura Hughes**  
**100 W. Mulberry, Kaufman TX 75142**

**County Clerk**

Acta de Nacimiento \$ 23.00      Certificado de Defuncion \$21.00 y \$4.00

APLICACION PARA COPIA CERTIFICADA DE LA ACTA DE NACIMIENTO O CERTIFICADO DE DEFUNCION

NOTA: La officina de Laura Hughes no es responsable de los errores hechos en los certificados originales. Usted debe hacer todas las correcciones en Austin.

Nombre en la acta de nacimiento/defuncion \_\_\_\_\_  
(Name on Birth/death)

**Sexo:**                    \_\_\_\_\_ **Masculino**      \_\_\_\_\_ **Femenina**

**Fecha de nacimiento/defuncion:** \_\_\_\_\_

(Date of Birth)

**Lugar de Nacimiento/defuncion:** \_\_\_\_\_

(Place of birth/death)

**Nombre de Madre de Soltera:** \_\_\_\_\_

(Mothers full maiden name)

**Nombre del Padre:** \_\_\_\_\_

(Fathers Name)

**Cual es su relacion a la persona:** \_\_\_\_\_

(Relationship to person)

**Para que necesita la acta:**

(Purpose for acquiring certificate)

Escuela    Pasaporte    Seguro Social    Discapacidad    Retiramiento    Otra Razon: \_\_\_\_\_

**Firma del Appicante:** \_\_\_\_\_ **Numero de telefono:** \_\_\_\_\_

(Applicant's signature)

Si gusta donar \$5.00 para ayudar promover la salud de la primera infancia apoyado por el programa de visitas al hogar de Texas administrado por parte de la Oficina de Coordinación de la Primera Infancia por favor marque el cuadro.

**ADVERTENCIA: LA CONSECUENCIA POR HACER UN TESTIMONIO FALSO  
CONSIENTEMENTE EN ESTA FORMA PUEDE SER DE 2-10 AÑOS DE PRISION O UNA  
MULTA DE HASTA \$10,000,(SALUD Y CODIGO DE SEGURIDAD, EL CAPITULO 195, SEC  
195.003).**

**For Office Use Only:**

Certificate  
Number: \_\_\_\_\_

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

Driver's License  
Copy

## 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>						
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 _____.						
<i>(Seal)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Signature of Notary Public</td></tr> <tr><td style="text-align: center;">Commission Expires</td></tr> <tr><td style="text-align: center;">Typed or Printed Name</td></tr> <tr><td style="text-align: center;">Street Address</td></tr> <tr><td style="text-align: center;">City, State and Zip</td></tr> </table>	Signature of Notary Public	Commission Expires	Typed or Printed Name	Street Address	City, State and Zip
Signature of Notary Public						
Commission Expires						
Typed or Printed Name						
Street Address						
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:**

Kaufman County Clerk  
 Laura Hughes  
 Attn: Vitals Department  
 100 W Mulberry  
 Kaufman, TX 75142

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