

**Kaufman County      Laura Hughes      County Clerk**  
**100 W. Mulberry, Kaufman TX 75142**  
**972-932-4331**

Birth Certificates \$23 – Death Certificates \$21 (\$4 copy) – Military Discharge No Charge

**BIRTH / DEATH / MILITARY DISCHARGE**  
**CERTIFICATE REQUEST (Please circle type you are requesting)**

**Note:** This office is not responsible for any errors made on the original birth certificate.  
You must make all corrections in Austin.

**Name on Record:** \_\_\_\_\_

**Sex:**      \_\_\_\_\_ **Male**      \_\_\_\_\_ **Female**

**Birth date** \_\_\_\_\_      **Death date** \_\_\_\_\_      **Discharge date** \_\_\_\_\_

**City/County of Birth/Death** \_\_\_\_\_

**Mother's Full Name (MAIDEN)** \_\_\_\_\_

**Father's Full Name** \_\_\_\_\_

**Your relationship to person: ID REQUIRED (copy of applicant's drivers license)**

Self    Parent      Sibling      Grandparent    Spouse      Other \_\_\_\_\_

**Purpose for acquiring this certificate:**

School    Passport    Social Security    Disability    Retirement      Other \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

Check box if you would like to donate \$5.00 to help promote early childhood health supported by the Texas Home Visiting Program administered by the Office of Early Childhood Coordination of the Health and Human Services Commission.

**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. (HEALTH AND SAFETY CODE, CHAPTER 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 _____.   |  |

*(Seal)*

|                            |
|----------------------------|
| 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)**