

NOTARIZED PROOF OF IDENTIFICATION

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| 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 | |

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| 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 |
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AFFIDAVIT OF PERSONAL KNOWLEDGE

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| 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 _____ and who on oath deposes and (Relationship) | |
| 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> | Signature of Notary Public <hr/> Commission Expires <hr/> Typed or Printed Name <hr/> Street Address <hr/> 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:

Bureau of Vital Statistics
8000 N. Stadium Dr
Houston, TX 77054
(713) 837-0311

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