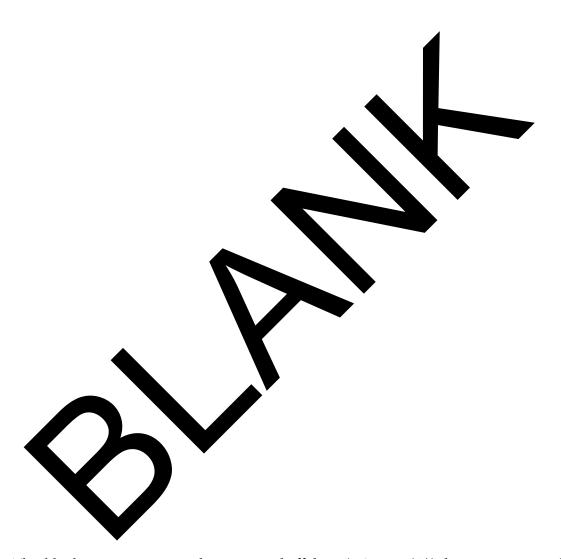
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Dv.				MAIL APPLICATION FOR			Ву				
					ALID PHOTO ID AND SWORN STATEMENT WHEN SENDING THE REQUEST						
Make check or mo fee is not refundable	ney orders	payable to		_	-			_	_		
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I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.											
BIRTH/DEATH F	RECORD IN	NFORMA	TION								
Full Name of Person on Record	First Name			Middle Name			L	Last Name			
Date of Birth/Death	Month			Day Year			Sex				
Place of Birth/Death	City or Town			County			S	State			
Full Name of Parent 1	First Name			Middle Name			N	Maiden Name/Last Name			
Full Name of Parent 2	First Name			Middle Name			N	Maiden Name/Last Name			
REQUESTOR IN	IFORMATI	ION									
Requestor Name Telephone			e# Email Add			tress					
Full Mailing Address Street Address City State Zip											
Relationship to perso	Purpose for obtaining this record:										
☐ I authorize m	ailing to the	e address	below. I have	verified that	at the addre	ess below w	ill receiv	e my orde	r.		
Name of Person Rec	ceiving Copies	s, if Differen	t from Requesto	or							
Mailing Address for 0	Copies, if Diffe	erent from F	Requestor								
City			State			Zip	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)											
Your Signature	Your Signature Date of Application										
	A DD	LICATION	IE WITHOUT	SIGNATURE	E OE ABBLI	CANT WILL	NOT D	DDOCES	een.		

APPLICATIONS WITHOUT SIGNATURE OF APPLICANT WILL NOT BE PROCESSED.

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

VS-142.3 Rev. 09/2015 Page 1 of 2



This blank page is to ensure that notarized affidavit (VS-142.3(A)) does not print on the reverse side of the application (VS-142.3).

NOTARIZED PROOF OF IDENTIFICATION

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					
PART II. ENTER RELATIONSHIP TO PERSON ON RECO	ORD AND THE TYPE OF ID USED.					
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED					
AFFIDAVIT OF	PERSONAL KNOWLEDGE					
	TEROGRAL RIVOVILLEGE					
PART III. THIS SECTION MUST BE SIGNED IN THE PRI	ESENCE OF A NOTARY PUBLIC.					
STATE OF						
COUNTY OF						
Before me on this day appeared	(Name)					
}[, Á^•ãaãa]*ÁsæÁ (Address)	(City) (State)					
who is related ﴿ Át@ Át^!•[} Átæ ^åÁt } ÁÚæ Ó Átæ Á (Relat	(City) (State) ————————————————————————————————————					
•æ••Ác@æÁne contents of this affidavit are true and correct.	.,					
	Signature					
Sworn to and subscribed before me, this day of	, 20					
	Signature of Notary Public					
	Commission Expires					
(Seal)	Typed or Printed Name					
	Street Address					
	City, State and Zip					
	22					

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:
Limestone County Clerk's Office
P.O. Box 350
Groesbeck, TX 76642

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

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