



Evangelina "Yvonne" N. Abila
Reeves County Clerk
P.O. Box 867, Pecos, Texas 79772
(432) 287-0222 Option 3

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195. SEC. 195.003). ADVIRTIENDO QUE LA PENA POR HACER UNA DECLARACION FALSA A SABIENDAS EN ESTE FORMULARIO PUEDE SER DE 2-20 ANOS DE PRISON Y UNA MULTA DE HAST \$10,000. (ODIGO DESALUD Y SEGURIDAD CAPITULO 195.003).

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE--FEE \$23.00

We will need a photocopy of valid ID.

1. FULL NAME OF PERSON ON BIRTH RECORD (NOMBRE DE LA PERSONA EN EL REGISTRO):

2. DATE OF BIRTH (FECHA DE NACIMIENTO): _____ SEX (SEXO): _____

3. PLACE OF BIRTH (LUGAR DE NACIMIENTO): _____

4. FULL NAME OF FATHER (NOMBRE COMPLETO DEL PADRE): _____

5. FULL NAME OF MOTHER (NOMBRE DE LA MADRE ANTES DE SER CASADA):

6. APPLICANT'S NAME (NOMBRE DE LA PERSONA APPLICANDO PARA EL REGISTRO):

7. APPLICANT'S ADDRESS (DIRECCION DE LA PERSONA APPLICANDO):

8. RELATIONSHIP TO PERSON ON BIRTH RECORD (RELACION DE LA PERSONA EN EL REGISTRO):

9. PURPOSE IN OBTAINING RECORD (RAZON EN OBTENER EL REGISTRO):

SIGNATURE OF APPLICANT (FIRMA DE EL APPLICANTE): _____

PHONE NO. (NUMERO DE TELEFONO): _____

DATE OF APPLICATION (FECHA DE APPLICACION): _____

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FOR OFFICE USE ONLY: TYPE OF ID AND NUMBER: _____ CERTIFICATE NUMBER: _____

SIGNATURE OF DEPUTY: _____

TYPE OF FORM: LETTER: _____ LEGAL: _____ LEGAL WITH AMENDMENT: _____ ABSTRACT: _____

NOTARIZED PROOF OF IDENTIFICATION

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	

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

AFFIDAVIT OF PERSONAL KNOWLEDGE

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 _____ (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>	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:

**Reeves County Clerk
Attn: Vitals Dept.
P.O. Box 867
Pecos, Texas 79772**

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