

## APPLICATION BY MAIL BIRTH CERTIFICATE

Susan Winborne  
Gray County Clerk  
P.O. Box 1902  
Pampa, Texas 79066-1902  
806-669-8004

**Application Fee is non-refundable and due at time of application**

<b>INSTRUCTIONS</b>		<b>COPIES REQUESTED</b>	
THE FEE FOR EACH BIRTH CERTIFICATE MUST BE SUBMITTED WITH THIS APPLICATION AND A COPY OF YOUR DRIVER'S LICENSE. PLEASE TYPE OR PRINT LEGIBLY.		BIRTH CERTIFICATE \$23.00 EACH HOW MANY? _____ AMOUNT ENCLOSED \$ _____	
<b><i>CASHIER'S CHECK OR MONEY ORDER NO PERSONAL OR BUSINESS CHECKS</i></b>			
<b>INFORMATION ABOUT PERSON WHOSE BIRTH CERTIFICATE IS REQUESTED</b>			
<b>1. NAME AT BIRTH</b>	FIRST	MIDDLE	LAST
<b>2. DATE OF BIRTH</b>	MONTH	DAY / YEAR	<b>3. SEX</b>
<b>4. PLACE OF BIRTH</b>	CITY OR TOWN	COUNTY	STATE
<b>5. MOTHER'S FULL NAME (Maiden)</b>	FIRST	MIDDLE	MAIDEN/LAST
<b>6. FATHER'S FULL NAME</b>	FIRST	MIDDLE	LAST
<b>PERSON REQUESTING BIRTH CERTIFICATE</b>			
<b>7. PURPOSE FOR OBTAINING BIRTH CERTIFICATE (SCHOOL, DRIVER'S LICENSE, PASSPORT, ETC.)</b>			
<b>8. RELATIONSHIP TO PERSON NAMED IN ITEM 1 ABOVE (SELF, MOTHER, ATTORNEY, ETC.)</b>			
<b>9. PRINTED NAME OF APPLICANT</b>			
<b>10. ADDRESS OF APPLICANT</b>	STREET ADDRESS	CITY	STATE / ZIP
<b>11. SIGNATURE OF APPLICANT</b>		<b>12. PHONE NUMBER</b>	<b>13. DATE SIGNED</b>
<b>IF YOU WANT THE BIRTH CERTIFICATE MAILED TO SOME OTHER PERSON, COMPLETE THIS SECTION</b>		<b>PLEASE COMPLETE THIS FORM AND RETURN WITH FEE AND COPY OF APPLICANT'S DRIVER'S LICENSE TO THE ADDRESS ABOVE.</b>	
NAME		<b>WARNING: Applicants must include the Notarized Proof of Identification on page 2. No exceptions</b>	
STREET ADDRESS			
CITY OR TOWN	STATE		

## **NOTARIZED PROOF OF IDENTIFICATION**

<b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH APPLICATION</b>	
FULL NAME OF PERSON ON RECORD	DATE OF BIRTH
PLACE OF BIRTH (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 _____ <div style="text-align: right; margin-right: 50px;">(Name)</div>	
now residing at _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>(Address)</span> <span>(City)</span> <span>(State)</span> </div>	
who is related to the person named on Part I as _____ and who on oath deposes and <div style="text-align: center; margin-top: 5px;">(Relationship)</div>	
says that the contents of this affidavit signed by me and that the statements are true and correct.	
Sworn to and subscribed before me, this _____ day of _____, 20____. Signature _____	
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 APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO: Gray County Clerk  
P.O. Box 1902  
Pampa, Texas 79066-1902**

***(APPLICATIONS WITHOUT PHOTO ID AND THIS NOTARIZED STATEMENT WILL NOT BE PROCESSED)***