

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
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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____.

(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 192, SEC. 192.903)

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOGRAPH OF YOUR VALID PHOTO ID TO:

Kaufman County Clerk
 Laura Hughes
 Attn: Vital Department
 100 W Mulberry
 Kaufman, TX 75142

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