

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	
NAME OF PERSON ON RECORD	DATE OF BIRTH/DEATH
CITY/TOWN OF BIRTH/PLACE OF BIRTH (City or County)	
NAME OF PARENT 1	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 _____	
I, _____ <small>(Name)</small>	
_____ <small>(Address) (City) (State)</small>	
who is related to _____ <small>(Relationship)</small>	
I swear that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20____.	

(Seal)

_____ <small>(Name)</small>
_____ <small>(Address) (City) (State)</small>
_____ <small>(Relationship)</small>
_____ <small>(Signature)</small>
_____ <small>City, State and Zip</small>

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:

Office of Michelle B.
 Urrabazo County Clerk
 200 E. Uvalde, Suite 7
 Crystal City, TX 78839
 830-374-2331

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