

**FRANKLIN COUNTY CLERK**  
**Post Office Box 1047**  
**200 North Kaufman Street**  
**Mount Vernon, TX 75457**

**903-537-2342 x 2**

[countyclerk@co.franklin.tx.us](mailto:countyclerk@co.franklin.tx.us)

If purchasing by mail – Include a photocopy of your valid photo ID and sworn Statement.

<b>BIRTH</b>	<b>DEATH</b>
_____ CERTIFIED COPIES X \$23 = _____  <div style="text-align: right;">TOTAL \$ _____</div>	1 CERTIFIED COPY X \$21 = \$21  _____ additional copies x \$4 = _____  <div style="text-align: right;">TOTAL \$ _____</div>
OFFICE USE ONLY	OFFICE USE ONLY
CERTIFICATE # ISSUED _____	CERTIFICATE # ISSUED _____

\_\_\_\_\_ 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.

<b>1. Full Name of Person on Record</b>	First Name	Middle Name	Last Name
<b>2. Date of Birth OR Death</b>	Month	Day	Year
<b>3. Sex</b>			
<b>4. Place of Birth OR Death</b>	City or Town	County	State
<b>5. Full Name of Parent 1</b>	First Name	Middle Name	Maiden Name / Last Name
<b>6. Full Name of Parent 2</b>	First Name	Middle Name	Maiden Name / Last Name

7. Your Name \_\_\_\_\_ 8. Phone \_\_\_\_\_

9. Email Address \_\_\_\_\_

10. Your Mailing Address \_\_\_\_\_

11. Relationship to Person Named in Item 1 \_\_\_\_\_

12. Purpose for obtaining this record \_\_\_\_\_

**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)**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## NOTARIZED PROOF OF IDENTIFICATION

<b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b>			
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	

<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 _____ (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 195, SEC. 195.003)**

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

Franklin County Clerk  
200 North Kaufman Street  
Post Office Box 1047  
Mount Vernon, TX 75457

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