MAIL APPLICATION FOR BIRTH AND DEATH RECORD

TO:

ANGELINA COUNTY CLERK
P O BOX 908
LUFKIN, TX 75901
936-634-8339

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.

BIRTH/DEATH RECORD INFORMATION

<table>
<thead>
<tr>
<th>Type</th>
<th>Cost</th>
<th># of copies</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Copy</td>
<td>$23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Copies</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

I authorize mailing to the address below. I have verified that the address below will receive my order.

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)

APPLICATIONS WITHOUT SIGNATURE OF APPLICANT WILL NOT BE PROCESSED.
This blank page is to ensure that notarized affidavit (VS-142.3(A)) does not print on the reverse side of the application (VS-142.3).
### Part I. Enter Name, Date and Place of Birth/Death, and Names of Parents as Information Appears on Birth/Death Certificate

<table>
<thead>
<tr>
<th>Full Name of Person on Record</th>
<th>Date of Birth/Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place of Birth/Death (City or County)</td>
<td>Sex</td>
</tr>
<tr>
<td>Full Name of Parent 1</td>
<td>Full Name of Parent 2</td>
</tr>
</tbody>
</table>

### Part II. Enter Relationship to Person on Record and the Type of ID Used.

<table>
<thead>
<tr>
<th>Name and Relationship to Person on Record</th>
<th>Type and Number of ID Accepted When Notarized</th>
</tr>
</thead>
</table>

### 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 ___.  

Signature of Notary Public

(Seal)

**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:  
Angelina County Clerk  
P O Box 908  
Lufkin, Tx 75902

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