



TINA PETTY

COUNTY CLERK, BOWIE COUNTY
710 JAMES BOWIE DRIVE
NEW BOSTON, TX 75570

TEL: 903-628-6742 FAX: 903-628-6729



Application for Certificate

APPLICANT		VALID I.D. IS REQUIRED		Please PRINT	
Your Name (Person completing form)			Your Relation to Person on Certificate: Self, Spouse, Parent Grandparent, Brother/Sister, Other: _____		
Your Mailing Address		City	State	Zip Code	
Phone Number	Purpose for Certificate: Travel/Passport, Legal, DL/ID, School/Sports, Job, Insurance, Personal, Other: _____		* Your Signature		Date Signed

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)

BIRTH \$23 for each certificate

Number of Certificates: _____

Full Name on Birth Certificate (First, Middle, Last)		Sex	Date of Birth
City of Birth	County	TEXAS BIRTHS ONLY	
Father/Parent First Name	Middle Name	Last Name	
Mother/Parent First Name	Middle Name	Mother Maiden Name	

To your knowledge, has there ever been a name change, adoption, or amendment filed to this certificate? Yes / No

DEATH \$21 1st certificate / \$4 for each additional certificate.

1st copy _____ Additional Copies _____

Outside the City Limits of Texarkana, Nash and Wake Village

FULL Name on Death Certificate (First, Middle, Last)		Sex	Date of Birth	Date of Death
Father/Parent First Name	Middle Name	Last Name		
Mother/Parent First Name	Middle Name	Mother Maiden Name		

REV 06/07/2019 JE-RB

For Office Use Only: ID / DL	Issued By:	Receipt No:	Pay Type: CA CK MO Card
Local Database Count: YES N/A	Application Log: YES	NOTES:	Verified Before Printing:
Security Paper No: Local / State	File No:		

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

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 in Part I as _____ and who on oath deposes (relationship)	
and says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this ____ day of _____, 20 ____.	
<i>(Please place notary stamp in space below)</i>	
Signature of Notary Public	
Commission Expires	
Typed or Printed Name	
Street Address	
City, State and Zip	

WARNING: IT 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:

**BOWIE COUNTY CLERK
710 JAMES BOWIE DRIVE
NEW BOSTON, TX 75570**

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