

NOTORIZED PROOF OF IDENTIFICATION

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| 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 | |

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| 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

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| 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 signed by me and that the statements are true and correct. |
| Signature _____ |
| Sworn to and subscribed before me, this _____ day of _____, 20_____. |

(Personalized Seal)

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|----------------------------|
| 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 APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

*Deaf Smith County Clerk's Office
235 E 3rd St
Hereford Tx 79045*

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