



CITY OF TEXARKANA, TEXAS

Vital Statistics - P. O. Box 1967 Texarkana, Texas 75504

PH: 903-798-3900 FX: 903-798-1757

SUBSTITUTE APPLICANT BASED ON NOTARIZED STATEMENT

| | |
|---|---|
| VALID I.D. IS REQUIRED FOR <u>ALL</u> APPLICANTS | PLEASE PRINT |
| Full Name on Birth Certificate: | Date of Birth: |
| Sex: Male or Female | City / County of Birth: TEXAS ONLY |
| Father/Parent's Full Name: | |
| Mother/Parent's Full Name: | Maiden Last Name (if different): |

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: _____

| | |
|--|--------------------------|
| Substitute Applicant Information (Person receiving the Birth Certificate) | |
| Full Name of <i>Substitute Applicant</i> : | |
| Current Address of <i>Substitute Applicant</i> : | |
| <i>Substitute Applicant's</i> Phone No: | Purpose for Certificate: |
| <i>Substitute Applicants</i> Signature: | |
| Qualified Applicant Information must include NOTARIZED STATEMENT | |

I, (Name of **Qualified Applicant**) _____ give permission to (Name of **Substitute Applicant**) _____

to pick up the certificate of (Full Name on certificate) _____.

Qualified Applicant's Daytime Phone: _____

Qualified Applicant's Home Address: _____

_____ personally appeared before me and being first duly sworn, declared that he/she has filled out (Printed name of **Qualified Applicant**) the above application and declared under penalty of perjury that all statements made in this supporting document are true and correct.

Signature of applicant: _____

Signed and affirmed in my presence on this _____ day of _____, 20_____

(seal)

Notary Signature: _____

Notary Printed Name: _____

State of _____ County of _____

My commission expires: _____

REV 07/12/2019 JE

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|--|----------------------|-------------|--|
| For Office Use Only: ID / DL | Issued By: | Receipt No: | Pay Type: CA CK MO Card Poly Env: YES NO |
| Local Database Count: YES N/A | Application Log: YES | NOTES: | |
| Security Paper No: Long / Short | File No: | | |