



# 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 – BIRTH CERTIFICATE

**\$23 per Birth Certificate \$2 more for mail request**

**VALID I.D. IS REQUIRED FOR ALL 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)**

**Substitute Applicant Information (Person receiving the Birth Certificate) This section must be *notarized if mailed***

Full Name of *Substitute Applicant*:

Current Address of *Substitute Applicant*:

*Substitute Applicant's* Phone No:

Purpose for Certificate:

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

Signature of *Substitute Applicant* Signed and affirmed in my presence on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary Signature: \_\_\_\_\_

Notary Printed Name: \_\_\_\_\_ (seal)

State of \_\_\_\_\_ County of \_\_\_\_\_

My commission expires: \_\_\_\_\_

### 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 the above application and declared under penalty of perjury that all statements made in this supporting document are true and correct.  
(Printed name of *Qualified Applicant*)

Signature of *Qualified Applicant* Signed and affirmed in my presence on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary Signature: \_\_\_\_\_

Notary Printed Name: \_\_\_\_\_ (seal)

State of \_\_\_\_\_ County of \_\_\_\_\_

My commission expires: \_\_\_\_\_

(Rev 08/2019 jcl)

<b>For Office Use Only:</b> ID / DL	Issued By:	Receipt No:	Pay Type: CA CK MO Card	Poly Env: YES NO
Local Database Count: YES N/A	Mail Date:	Mail Log: YES Received / YES Completed	Application Log: YES	
Security Paper No: Long / Short	File No:	NOTES:		

<b>For Office Use Only:</b> ID / DL	Issued By:	Receipt No:	Pay Type: CA CK MO Card	Poly Env: YES NO
Local Database Count: YES N/A	Mail Date:	Mail Log: YES Received / YES Completed	Application Log: YES	
Security Paper No: Long / Short	File No:	NOTES:		