



CITY OF TEXARKANA, TEXAS

Vital Statistics - 220 Texas Blvd. Texarkana, Texas 75501

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

SUBSTITUTE APPLICANT BASED ON NOTARIZED STATEMENT

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)

BIRTH \$23 for each certificate

Number of Certificates: _____

Substitute Applicant Information (Person receiving the BIRTH Certificate)

Full Name of *Substitute Applicant*:

Substitute Applicant's Phone No:

Current Address of *Substitute Applicant*:

Purpose for Certificate: Newborn, Travel/Passport, Legal, Driver's License/ID, School/Sports, Job, Insurance, Records

Substitute Applicants Signature:

Qualified Applicant Information must include NOTARIZED STATEMENT

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

(Name of *Substitute Applicant*) _____ to pick up the BIRTH certificate of

(Full Name on certificate) _____.

Qualified Applicant's Daytime Phone: _____

Qualified Applicant's Home Address: _____

(Printed name of *Qualified Applicant*)

personally, appeared before me and being first duly sworn, declared that he/she has

completed 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: _____

| | | | | |
|--|----------------------|-------------|-------------------------|------------------|
| 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: | | | |

The City of Texarkana, Texas has given me the appropriate change amount or full refund for the above cash transaction.

Signature: _____
(This signature acknowledgement confirms receipt of cash transactions only that require change or a full refund.)