

**MAIL THIS APPLICATION, SWORN STATEMENT,PHOTOCOPY OF YOUR ID, AND \$22 TO:**

J.C. Perez, III  
Jim Wells County Clerk  
P.O. Box 1459  
Alice, Texas 78333

Birth\_\_\_\_\_ or Death\_\_\_\_\_  
**NOTARIZED PROOF OF IDENTIFICATON**

<b><u>FULL NAME OF PERSON ON RECORD:</u></b>	
<b><u>DATE OF BIRTH/DEATH(CITY OR COUNTY)</u></b>	
<b><u>SEX:</u></b>	
<b><u>FULL NAME OF PARENT 1:</u></b>	
<b><u>FULL NAME OF PARENT 2:</u></b>	
<b><u>NAME AND RELATIONSHIP TO PERSON ON RECORD:</u></b>	
<b><u>PHONE NUMBER:</u></b>	<b><u>EMAIL ADDRESS:</u></b>

**AFFIDAVIT OF PERSONAL KNOWLEDGE**

<b><u>THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</u></b>	
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 1 as _____ and whom oath deposes and says (Relationship)	
says that the contents of this affidavit signed by me and that the statements are true and correct.	
Sworn to and subscribed before me this _____ day of _____, 20____. Signature _____	

(NOTARY SEAL)

<b><u>Signature of Notary Public:</u></b>
<b><u>Commission Expires:</u></b>
<b><u>Typed or Printed Name:</u></b>
<b><u>Street Address:</u></b>
<b><u>City, State, and Zip:</u></b>

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)

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