





**HONORABLE SHASTA BERGMAN**

TRINITY COUNTY CLERK

211 W. 1<sup>ST</sup> STREET \* P.O. BOX 456

GROVETON, TEXAS 75845

PHONE: (936) 642-1208

FAX: (936) 642-3004

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me on this day appeared \_\_\_\_\_  
(name)

now residing at \_\_\_\_\_  
(Address) (City) (State)

who is related to the person named in Part I as \_\_\_\_\_ and who on oath deposes  
(relationship)

and says that the contents of this affidavit are true and correct.

Signature \_\_\_\_\_

Sworn to and subscribed before me, this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(Please place notary stamp in space below)

Signature of Notary Public \_\_\_\_\_

Commission Expires \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

WARNING: IT 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 SWORN STATEMENT, APPLICATION, PAYMENT (MONEY ORDER OR CASHIER CHECK) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

TRINITY COUNTY CLERK  
SHASTA BERGMAN  
PO BOX 456  
GROVETON, TX 75845

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