

## 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

## REQUEST FOR BIRTH RECORDS

Birth	Certificates: \$22.00 for the 1" copy				
\$10 fc	or each additional issued at the same time				
# Of c	opies:				
	der a birth certificate by mail, please complete and mail this form along with payment. You must include a of your Driver's License or a photo I.D. <u>and</u> Notarized Proof of Identification or <u>it will not be processed.</u>				
1.	Name on Record:				
2.	First Middle Last Date of Birth:				
3.	Place of Birth:				
4.	Birth Certificate/Father's Name:				
5.					
6.	Your Relationship to person whose certificate you are requesting:  (Must be an immediate family member: husband, wife, child, sibling, parent, grandparent, or grandchild)				
7.	State the reason for obtaining the certificate:				
8.	Name of Applicant:				
9.	Mailing Address:				
10.	Signature of Applicant: Date:				

Birth Records are confidential for 75 years and

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 2-10 years imprisonment and a fine of up to \$10,000.

(Health and Safety Code, Chapter 678, Sec. 195.003)



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PHONE: (936) 642-1208 FAX: (936) 642-3004

STATE OF	_			
COUNTY OF	<del></del>			
Before me on this day appeare	d		174.741116	
now reciding at	(name)			
now residing at(Ad	dress)	(City)	VWW.	(State)
who is related to the person na	med in Part I as	(1- <i>t</i> :	a la San N	and who on oath depos
		(relation	snip)	
and says that the contents of th	is affidavit are true a	and correct.		
			Signature	1444
Sworn to and subscribed before	e me, this day pelow)	of	, 20	
Signature of Notary Public				
Commission Expires			150-100	
Typed or Printed Name				
Street Address			and the state of t	
City, State and Zip				
WARNING: IT A FELONY TO FALSI	FY INFORMATION ON	THIS DOCUMEN	IT THE PENALTY FOR	KNOWINGLY
MAKING A FALSE STATEMENT ON	THIS FORM OR FOR	SIGNING A FOR	M WHICH CONTAINS A	FALSE
STATEMENT IS 2 TO 10 YEARS IM CHAPTER 195, SEC. 195.003)	PRISONMENT AND A	FINE OF UP TO	310,000. (HEALTH AND	SAFETY CODE,

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)