

NOTARIZED PROOF OF IDENTIFICATION

Part I: Enter Name, Date and Place Of Birth/Death, and Names of Parents as Information Appears on Birth/Death Certificate	
Full name of person on record:	Date of birth/death:
Place of birth/death: (City or County):	Sex:
Full name of parent 1:	Full name of parent 2:
Part II: Enter Relationship to Person on Record and the Type of ID Used	
Name and Relationship to Person on Record	Type and Number of ID Accepted when Notarized

AFFIDAVIT OF PERSONAL KNOWLEDGE

Part III: This Section Must Be Signed in the Presence of a Notary Public
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 I as _____ and who on oath deposes and says that the contents of this affidavit are true and correct.
Signature of APPLICANT _____
Sworn to and subscribed before me, this _____ day of _____, 20____.

Signature of Notary Public

Commission Expires

Typed or Printed Name

Street Address

City, State and Zip

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 & SAFETY CODE 195, SEC. 195.003)

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT AND A PHOTOCOPY OF YOUR VALID ID TO:

Waco McLennan County Public Health District
Vital Statistics
225 West Waco Drive
Waco, TX 76707

APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED.