

# NOTARIZED PROOF OF IDENTIFICATION

<b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b>	
NAME OF PERSON ON RECORD	DATE OF BIRTH/DEATH
CITY/TOWN OF BIRTH/PLACE OF BIRTH (City or County)	STATE
NAME OF PARENT 1	NAME OF PARENT 2

<b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

## AFFIDAVIT OF PERSONAL KNOWLEDGE

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>	
STATE OF _____	
COUNTY OF _____	
I, _____ <small>(Name)</small>	
_____ <small>(Address) (City) (State)</small>	
who is related to _____ <small>(Relationship)</small>	
I swear that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20____.	

(Seal)

_____ <small>(Name)</small>
_____ <small>(Address) (City) (State)</small>
_____ <small>(Relationship)</small>
_____ <small>(Signature)</small>
_____ <small>City, State and Zip</small>

**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)**

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

Office of Michelle Bonilla  
 County Clerk  
 200 E. Uvalde, Suite 7  
 Crystal City, TX 78839  
 830-374-2331

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