

NOTARIZED PROOF OF IDENTIFICATION (SWORN STATEMENT)

NOTE: Use this form only if Born/Died in Alton

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
FATHER'S NAME (ONLY IF STATED ON BIRTH RECORD)		MOTHER'S MAIDEN NAME	

PART II. ENTER REALTIONSHIP 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) (Zip Code)	
who is related to the person named on Part I as _____ and who on oath deposes and says (Relationship)	
that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20_____.	
<i>(Personalized Seal)</i>	Signature of Notary Public
	Commission Expires
	Typed or Printed Name
	Street Address
	City, State and Zip

WARNING: ITS IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STAMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFEY CODE, CHAPTER 195, SEC. 195.003)

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

CITY OF ALTON VITAL STATISTICS
509 S ALTON BLVD
ALTON TX 78573

(MAIL REQUEST APPLICATIONS WITHOUT PHOTO ID AND SWORN STATEMENT WILL NOT BE PROCESSED)