APPLICATION FOR CERTIFIED COPY OF BIRTH

Checks Payable to Sherman County Clerk
Cost: $23.00 $10 Per Extra Copy

NAME ON RECORD: _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____
MONTH DAY YEAR

PLACE OF BIRTH: _____
CITY COUNTY STATE

FATHERS NAME: _____
FIRST MIDDLE LAST

MOTHER'S NAME: _____
FIRST MIDDLE MAIDEN NAME

APPLICANT: _____ TELEPHONE: _____

MAILING ADDRESS: _____

RELATIONSHIP TO PERSON ON RECORD: _____
(Self, Mother, Father, Grandparent, Brother, Sister, Husband, Wife, or Legal Guardian)

PURPOSE FOR OBTAINING COPY OF THIS CERTIFICATE:
Driver's License: ____ Employment: ____ Housing: ____ Identification: ____
Immigration: ____ Insurance: ____Medicare/Medicaid: ____ Military: ____
Passport (see below): ____ School: ____ Social Security: ____Sports: ____ Travel: ____
Veteran: ____ Other (please specify): _____

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to $10,000. (Health and Safety Code, Chapter 195, Sec 195-003)

_____ _____
Signature of Applicant Date

REQUEST *WILL NOT* BE PROCESSED WITHOUT IDENTIFICATION

PASSPORT APPLICANTS: YOU MAY NEED TO OBTAIN A CERTIFIED COPY OF YOUR BIRTH CERTIFICATE (LONG FORM) FROM YOUR COUNTY OF BIRTH OR FROM THE BUREAU OF VITAL STATISTICS OFFICE AT AUSTIN. (We can issue you an abstract of birth, but it depends on the passport office whether or not they accept it. If you purchase the abstract, you take it at the risk of it not being accepted by the passport agency and your money will not be refunded if it is not accepted.)

SHERMAN COUNTY CLERK'S OFFICE USE ONLY:

Certificate #_____ Issued By: _____