



Dear Applicant,

We are pleased to help you obtain a certified copy of a Texas birth/death certificate. Attached you will find the application, a list of acceptable identifications and the Notarized Proof of Identification form.

Your certified copy of birth/death certificate will be processed upon receipt of ALL of the following:

- Birth/death application, filled out completely.
- Notarized Proof of Identification form.
- Photocopy of the identification used for notarization.
- Payment (check or money order only)
- Self-addressed, stamped return envelope.

If you have any questions, please do not hesitate to contact my office directly.

Regards,

Skylar Hoskins

Deputy City Clerk
(903) 784-9291
shoskins@paristexas.gov

<u>OFFICE USE</u>
Certificate(s)
Receipt
Payment
Clerk



The City of Paris City Clerk's Office 150 SE 1st Street Paris, Texas Deputy City Clerk - 903-784-9291 City Clerk - 903-784-9248 Fax - 903-784-1798

BIRTH CERTIFICATE: \$23 EACH CERTIFIED COPY [choose one of the following options]

[NOTE: Long form is only available from our office if born inside the city limits of Paris]

1 COPY \$23.00 2 COPIES \$46.00 OTHER: _____

DEATH CERTIFICATE: \$21 FIRST CERTIFIED COPY AND \$4 EACH ADDITIONAL [choose one of the following options]

1 COPY \$21.00 2 COPIES \$25.00 3 COPIES \$29.00 4 COPIES \$33.00 5 COPIES \$37.00

OTHER: _____

PRINT LEGIBLY

1. Full name of person on record: _____
2. Sex: [choose one] MALE or FEMALE _____
3. Date of birth: _____ City of birth: _____
4. Full name of mother or parent 1 [if applicable, include maiden name]: _____
5. Full name of father or parent 2 [if applicable, include maiden name]: _____
6. Date of death: _____ City of death: _____
7. Full name of person requesting certificate: _____
8. Your physical address: _____
9. Your telephone number: _____
10. Your relationship to person listed on line 1: _____
11. Purpose for obtaining this record: [choose one] RECORDS INSURANCE NEWBORN SCHOOL TRAVEL/PASSPORT
 OTHER: [please specify] _____

If you need this record to apply for a CDIB (Indian heritage), you MUST apply through the State of Texas, Bureau of Vital Statistics in Austin by either visiting their website www.dshs.texas.gov/vs or we can provide you their application upon request. If additional assistance is needed, you may call their office at 1-888-963-7111

**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)**

Your Signature _____

Date of Application _____

- FOR MAIL ISSUANCE, SEND THE FOLLOWING:
1. COMPLETED APPLICATION
 2. SWORN STATEMENT
 3. PHOTOCOPY OF THE SWORN PHOTO ID
 4. PAYMENT [CHECK OR MONEY ORDER ONLY]
 5. STAMPED AND ADDRESSED RETURN ENVELOPE

TO:
 THE CITY OF PARIS CITY
 CLERK'S OFFICE
 P.O. BOX 9037 PARIS,
 TX 75461

MAIL APPLICATIONS RECEIVED WITHOUT ALL ITEMS NOTED ABOVE WILL NOT BE PROCESSED

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 _____ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20_____.	

(Seal)

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State and Zip

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

**The City of Paris
City Clerk's Office
P.O. Box 9037
Paris, TX 75461**

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

Dear Customer:

An ID is needed to process your application. Please select **one** of the three groups below and provide the requested items.

1. One (1) Item from **Group A OR**
2. Two (2) Items from Group B **OR**
3. Three (3) Items one(1) item from **Group B PLUS two (2) items from Group C**

1 Group A – PRIMARY ACCEPTABLE ID

Note: The document must contain the applicants name and signature and or an identifiable photo of the applicant

- Driver's License;
- Federal or State Identification card;
- Federal, State or City law enforcement employment identification card, or employment badge accompanied by employment identification card;
- Offender Identification card issued by the Department of Criminal Justice correctional facility or institution;
- Military Identification card;
- Department of Homeland Security, United States Citizenship and Immigration Services (USCIS) issued:
 - Employment Authorization Document (EAD);
 - Permanent Resident Card (green card);
 - Travel Documents:
 - Re-entry Permit;
 - Refugee Travel Permit; or
 - Advance Parole.
 - SENTRI Card; or
 - U.S. Citizen Identification Card.
- United States Department of State issued:
 - Border Crossing Card (B1 for business or pleasure or B2 medical purposes); or
 - Visa
- Concealed Handgun License;
- Pilot's license; or
- United States Passport.

2 Group B - SECONDARY ACCEPTABLE ID - Please provide two (2) of Group B ID's

Note: one document must contain the applicants name and signature and or an identifiable photo of the applicant

- Current student identification;
- Any Primary Identification that is expired;
- Signed Social Security card, or Numident;
- DD Form 214 Certificate of Release;
- Medicaid card or Medicare card;
- Veterans Affairs card;
- Medical insurance card;
- Foreign Passport accompanied by a Visa issued by the United States Department of State;
- Foreign Passport in accordance with the United States Department of State, Visa Waiver Program;
- Certified birth certificate from the Department of State (FS-240, DS-1350 or FS-545);
- Private Company Employment Identification card;
- Form I-94 - accompanied by the applicant's Visa or Passport;
- Mexican voter registration card; or
- Foreign Identification with identifiable photo of applicant.

3 Group C – SUPPORTING DOCUMENTS - Please provide One (1) From Group B and (2)TWO FROM GROUP C

Note: one document must contain the applicants name and signature and or an identifiable photo of the applicant

Note: This list of items consist of other records or documents that aid in establishing the identity of the applicant.

The following list is not all inclusive.

- A recent utility bill (must be current, show the same address and name of the requestor)
- Current Pay Stub (must show requestors name, company name and current address)
- Bank account statement (must be a current statement showing requestors name and address)
- Public assistance Letter (must be current and show requestors name and address)
- Police Report of stolen identification (must show requestors name, address and date filed)
- Official School Transcript (must be certified by official seal)
- Voters registration card (must be current and show your current address and name of requestor)
- Automobile insurance card (must show requestors name and be current and valid)
- Automobile title (must show requestors name)
- Social security letter (must be current and show same address as on the application)