



The **CITY OF PARIS**

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 FIVE (5) of the following:

- Birth/Death application, filled out completely.
- Notarized Proof of Identification form.
- Copy of Driver's license or other valid photo ID (see page 4 for acceptable ID's)
- Payment – Check or Money Order only. Make checks payable to “The City of Paris
- Self-addressed stamped return envelope.

APPLICATIONS RECEIVED WITHOUT ALL ITEMS LISTED ABOVE WILL NOT BE PROCESSED.

MAIL TO:
CITY CLERK'S OFFICE
P.O. BOX 9037
PARIS, TEXAS 75461

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

Thank you,

Skylar Hoskins

Deputy City Clerk

(903) 784-9291

shoskins@paristexas.gov

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 (Relationship) | |
| says that the contents of this affidavit are true and correct. | |
| Signature _____ | |
| Sworn to and subscribed before me, this _____ day of _____, 20_____. | |
| <i>(Seal)</i> | 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 AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

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)