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☐Birth Certificates			
Type	Cost X	# of copies=	Total
Certified Copy	\$22		
Heirloom-Flag	\$60		
Heirloom-Bassinet	\$60		
(optional) \$8.00 Lone Star/FedEx <u>OR</u> \$19.95 USPS Express return delivery			
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Death Certificates			
Туре	Cost X	# of copies=	Total
Certified Copy (1 copy)	\$20		
Additional Copies	\$3		
(optional) \$8.00 Lone Star/FedEx <u>OR</u> \$19.95 USPS Express return delivery			
Total			

childhood by supporting the Texas Home ation of Health and Human Services.

BIRTH/DEATH RECORD INFORMATION

Full Name of Person on Record	First Name	Middle Name		Last Name
Date of Birth/Death	Month	Day	Year	Sex
Place of Birth/Death	City or Town	County		State
Full Name of Parent 1	First Name	Middle Name		Maiden Name/Last Name
Full Name of Parent 2	First Name	Middle Name		Maiden Name/Last Name

EQUESTOD INFORMATION

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Your Signature Date of Application

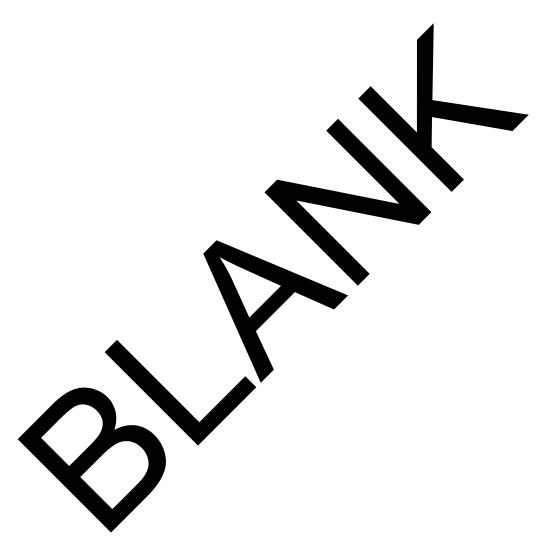
APPLICATIONS WITHOUT SIGNATURE OF APPLICANT WILL NOT BE PROCESSED.

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

Texas Vital Records Department of State Health Services P.O. Box 12040 Austin, TX 78711-2040

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

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This blank page is to ensure that notarized affidavit (VS-142.3(A)) does not print on the reverse side of the application (VS-142.3).

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DBIRTH/DEATH 79FH ≠ 5 H9	DEATH, AND NAMI	ES OF PARENTS AS INFO	RMATION APPEARS ON
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	F PARENT 2	I
PART II. ENTER RELATIONSHIP TO PERSON ON RECO			TED MUEN NOTADIZED
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE	AND NUMBER OF ID ACCEP	TED WHEN NOTARIZED
AFFIDAVIT OF	PERSONAL	KNOWLEDGE	
		TARY RURU IO	
PART III. THIS SECTION MUST BE SIGNED IN THE PRE	SENCE OF A NOT	ARY PUBLIC.	
STATE OF			
COUNTY OF			
Before me on this day appeared	(Name)		
Before me on this day appeared }[, Á^•ãāð *ÁæÁ (Address) who is related of Áæ Á^!•[}Á,æ ^åÁ;}ÁÚæð ÓÆæ Á (Relation) (Relation)	(City)	(State)	,,,,,
who is related of Ás@Áj^\•[}Ájæ{ ^åÁi}}ÁÚæbÓÁdæÁ(Relatio	onship)		Ása)åÁ, @(Á;}Á;æc@Ás^][•^•Ása)å/
• 20 • AQUARANE contents of this affidavit are true and correct.			
Sworn to and subscribed before me, this day of	,		
		Signature of Notary Pub	lic
		Commission Expires	
(Seal)			
		Typed or Printed Name	9
		Street Address	
		City, State and Zip	
		<i>,</i> , , , , , , , , , , , , , , , , , ,	

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

Texas Vital Records

Department of State Health Services
P.O. Box 12040
Austin, TX 78711-2040

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

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