APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

BRENDA MCKANNA, MOORE COUNTY CLERK 715 S. DUMAS AVE., ROOM 107 DUMAS, TX 79029-4326 (806) 935-6164 • (806) 935-2009 bmckanna@moore-tx.com

I wish to make a \$5 donation for the Texas	
Home Visiting Program for healthy early childhood	l

Each Ce	ertified Copy	Use Only \$23.00
Number	Requested	••••••• <u>•</u>
		\$
	ate NO	
Cash	Check#	Debit/credit

TTT 4 T	NAME OF	
of up	NNG: The penalty for knowingly making a false state to \$10,000.00(Health & Safety Code 195.003)	ement on this form can be 2-10 years in prison and a fine
Pleas	se Print: Information Fou	nd on Birth Certificate
1.	Full Name on Record: (first, middle, last)	•
2.	Date of Birth:	
3.	Place of Birth: (City, County)	
4.	Parent 1 Full Name:	Maiden/Birth Last Name
5.	Parent 2 Full Name:	Maiden/Birth Last Name
	Information abou	t Applicant
6.	Applicant's Full Name:	
7.	Applicant's Mailing Address:	
	City, State, Zip Code	
8.	Telephone Number: 9. I	Email Address
10.	Applicant's Relationship to Person Named in #1	:
11.	Purpose for Obtaining Record:	
Signat (COPY C	ture of Applicant OF APPLICANT'S PHOTO ID IS REQUIRED)	Today's Date

For applications that are sent by mail:

The attached Notarized Proof of Identification/Affidavit of Personal Knowledge and copy of valid photo ID must be attached to this completed application or the request will not be processed.