

**THE FOLLOWING ITEMS ARE NEEDED FOR THE ISSUANCE OF A
BIRTH CERTIFICATE:**

Please complete the application for birth record and notary page.

Send an enlarged copy of your driver's license or state issued id

A \$23 money order or personal check

** If submitting a personal check please make sure your driver's license and phone number are written legibly on the front.

** Make check payable to **Atascosa County Clerk**

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT
OUR OFFICE 830-767-2511 OPT. 2

THERESA CARRASCO,

ATASCOSA COUNTY CLERK

1 COURTHOUSE CIRCLE DR. STE. 102

JOURDANTON, TEXAS 78026

THERESA CARRASCO, COUNTY CLERK

#1 COURTHOUSE CIRCLE DR, STE. 102
JOURDANTON, TX 78026

APPLICATION FOR BIRTH RECORD

PLEASE PRINT; PROVIDE A VALID PHOTO ID. BIRTH CERTIFICATES ARE \$23.00 EACH.

NAME OF PERSON ON RECORD: _____
FIRST MIDDLE LAST (MAIDEN)

DATE OF BIRTH: _____
MONTH DAY YEAR

PLACE OF BIRTH: _____
CITY OR TOWN COUNTY

FULL NAME OF FATHER: _____

FULL NAME OF MOTHER (INCLUDING MAIDEN): _____

RELATIONSHIP TO PERSON ON RECORD: _____
(SELF, MOTHER, FATHER, BROTHER, SISTER, GRANDPARENT)

PURPOSE FOR OBTAINING THIS RECORD: _____
(TRAVEL, RETIREMENT, INSURANCE, SOCIAL SECURITY, SCHOOL)

WILL THIS RECORD BE USED TO OBTAIN A PASSPORT OR FOR IMMIGRATION? YES NO

WOULD YOU LIKE TO DONATE \$5.00 TO THE TEXAS HOME VISITING FUND (SB 1836)? YES NO

EFFECTIVE 1-1-2014

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 UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

SIGNATURE OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

DATE OF APPLICATION: _____ PHONE NO. _____

FOR OFFICE USE ONLY:

CERTIFICATE NO. _____

WALLET: _____

LETTER: _____

LETTER B: _____

LEGAL: _____

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 _____.

(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, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

Theresa Carrasco,
Atascosa County Clerk
1 Courthouse Circle Dr. Ste. 102
Jourdanton, Texas 78026

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