***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 in 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\_\_\_\_\_. | |
|  | Signature of Notary Public |
|  | Commission Expires |
| *( SEAL)* | 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 SATEMENT, APPLICATION, PAYMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:**

**Stephanie G. Garza**

**Kleberg County Clerk**

**P O Box 1327**

**Kingsville, TX 78364**

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