***NOTARIZED PROOF OF IDENTIFICATION***

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| --- |
| **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***

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| --- |
| **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)***