



# *The* CITY OF PARIS

Dear Applicant,

We are pleased to help you obtain a certified copy of a Texas birth/death certificate. Attached you will find the application, a list of acceptable identifications and the Notarized Proof of Identification form.

Your certified copy of birth/death certificate will be processed upon receipt of ALL FIVE (5) of the following:

- Birth/Death application, filled out completely. (Page 2)
- Notarized Proof of Identification form. (Page 3)
- Copy of Driver's license or other valid photo ID (see page 4 for acceptable ID's)
- Payment – Check or Money Order only. Make payable to “The City of Paris
- Self-addressed stamped return envelope.

**APPLICATIONS RECEIVED WITHOUT ALL ITEMS LISTED ABOVE WILL NOT BE PROCESSED.**

MAIL TO:  
CITY CLERK'S OFFICE  
P.O. BOX 9037  
PARIS, TEXAS 75461

If you have any questions, please do not hesitate to contact our office directly.

Thank you,

*Skylar Unger*

Deputy City Clerk  
(903) 784-9291  
[sunger@paristexas.gov](mailto:sunger@paristexas.gov)



## NOTARIZED PROOF OF IDENTIFICATION

<b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b>		
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	

<b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

## AFFIDAVIT OF PERSONAL KNOWLEDGE

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>	
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 _____ (Relationship) and who on oath deposes and 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

**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 STATEMENT, APPLICATION, PAYMENT, A PHOTOCOPY OF YOUR VALID PHOTO ID, STAMPED AND ADDRESSED RETURN ENVELOPE TO:**

**The City of Paris  
City Clerk's Office  
P.O. Box 9037  
Paris, TX 75461**

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

Dear Customer:

An ID is needed to process your application. Please select **one** of the three groups below and provide the requested items.

1. One (1) Item from **Group A** **OR**
2. Two (2) Items from Group B **OR**
3. Three (3) Items one(1) item from **Group B PLUS two (2) items from Group C**

### **1 Group A – PRIMARY ACCEPTABLE ID**

**Note: The document must contain the applicants name and signature and or an identifiable photo of the applicant**

- Driver's License;
- Federal or State Identification card;
- Federal, State or City law enforcement employment identification card, or employment badge accompanied by employment identification card;
- Offender Identification card issued by the Department of Criminal Justice correctional facility or institution;
- Military Identification card;
- Department of Homeland Security, United States Citizenship and Immigration Services (USCIS) issued:
  - Employment Authorization Document (EAD);
  - Permanent Resident Card (green card);
  - Travel Documents:
    - Re-entry Permit;
    - Refugee Travel Permit; or
    - Advance Parole.
  - SENTRI Card; or
  - U.S. Citizen Identification Card.
- United States Department of State issued:
  - Border Crossing Card (B1 for business or pleasure or B2 medical purposes); or
  - Visa
- Concealed Handgun License;
- Pilot's license; or
- United States Passport.

### **2 Group B - SECONDARY ACCEPTABLE ID - Please provide two (2) of Group B ID's**

**Note: one document must contain the applicants name and signature and or an identifiable photo of the applicant**

- Current student identification;
- Any Primary Identification that is expired;
- Signed Social Security card, or Numident;
- DD Form 214 Certificate of Release;
- Medicaid card or Medicare card;
- Veterans Affairs card;
- Medical insurance card;
- Foreign Passport accompanied by a Visa issued by the United States Department of State;
- Foreign Passport in accordance with the United States Department of State, Visa Waiver Program;
- Certified birth certificate from the Department of State (FS-240, DS-1350 or FS-545);
- Private Company Employment Identification card;
- Form I-94 - accompanied by the applicant's Visa or Passport;
- Mexican voter registration card; or
- Foreign Identification with identifiable photo of applicant.

### **3 Group C – SUPPORTING DOCUMENTS - Please provide One (1) From Group B and (2)TWO FROM GROUP C**

**Note: one document must contain the applicants name and signature and or an identifiable photo of the applicant**

**Note: This list of items consist of other records or documents that aid in establishing the identity of the applicant.**

**The following list is not all inclusive.**

- A recent utility bill (must be current, show the same address and name of the requestor)
- Current Pay Stub (must show requestors name, company name and current address)
- Bank account statement (must be a current statement showing requestors name and address)
- Public assistance Letter (must be current and show requestors name and address)
- Police Report of stolen identification (must show requestors name, address and date filed)
- Official School Transcript (must be certified by official seal)
- Voters registration card (must be current and show your current address and name of requestor)
- Automobile insurance card (must show requestors name and be current and valid)
- Automobile title (must show requestors name)
- Social security letter (must be current and show same address as on the application)