Dear Applicant,

We are pleased to help you obtain a certified copy of a Texas birth or 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 issued 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 4-5 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

OFFICE USE

Certificate(s) _____

Receipt _____

Payment _____

Clerk _____

The City of Paris
City Clerk's Office
150 SE 1st Street
Paris, Texas 75460

Deputy City Clerk—903-784-9291
City Clerk—903-784-9248
Fax—903-784-1798

BIRTH CERTIFICATE (LONG FORM IS ONLY AVAILABLE FROM THE CITY OF BIRTH)

1 COPY $23.00 2 COPIES $46.00 3 COPIES $69.00 OTHER:_____

DEATH CERTIFICATE (THE PERSON MUST HAVE BEEN PRONOUNCED DECEASED IN PARIS CITY LIMITS)

$21.00 FOR THE FIRST COPY AND THEN $4.00 FOR EACH ADDITIONAL COPY

1 COPY $21.00 2 COPIES $25.00 3 COPIES $29.00 4 COPIES $33.00 5 COPIES $37.00

OTHER :_____

1. Full name of person on the certificate (maiden name if for birth): _____
2. Gender: MALE or FEMALE (please circle one)
3. Date of Birth: _____ City of Birth: _____
4. Full Name of Mother (include maiden name): _____
5. Full Name of Father (if father is not listed, leave blank): _____
6. Date of Death (for death certificate only): _____ City of Death: _____

7. Full name of Applicant (YOU): _____
8. Your physical address: _____
9. Your phone number: _____
10. Your relationship to the person who's record you are requesting: _____
11. What is your purpose for obtaining this record: (circle one) DRIVER'S LICENSE RECORDS INSURANCE SCHOOL SPORTS PASSPORT NEWBORN OTHER REASON:_____

CDIB MEMBERSHIP—if you need this record to apply for a CDIB card, you **MUST** get the State-issued copy from the Bureau of Vital Statistics in Austin by either submitting an online application at https://www.texas.gov/texas-vital-records/ or by mailing in an application. We can provide you with the application upon request. If additional assistance is needed, you may call their office at 512-776-7111.

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)

Your Signature_____ Date of Application:_____

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

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)

Acceptable Identification (ID)

Vital Statistics accepts the following form(s) of identification (ID)*:

- Provide **ONE (1)** from **GROUP A**; OR
- If you do not have one from Group A, provide **TWO (2)** from **GROUP B**; OR
- If you do not have one from Group A or two from Group B, provide **ONE (1)** from **GROUP B** **and** **TWO (2)** from **GROUP C**.

*View *Title 25 Texas Administrative Code §181.28 for complete details on qualified applicant identification and supporting documentation requirements.*

Group A – PRIMARY ACCEPTABLE ID

Please provide **ONE (1)** from **GROUP A**:

- Driver's license from a U.S. state
- Federal or state ID card
- Military ID card
- U.S. Passport
- License to Carry a Handgun
- Pilot's license
- Law enforcement employment ID (federal, state, or city)
- Offender ID issued by the Texas Department of Criminal Justice or an ID from a federal or U.S. state correctional facility or institution
- *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 document
        - Advance parole
    - SENTRI card
    - U.S. citizen ID card
- *U.S. Department of State issued:*
    - Border Crossing Card (BCC) – B1 for business or pleasure or B2 medical purposes
    - Visa

Group B – SECONDARY ACCEPTABLE ID

If you do not have one from Group A, please provide **TWO (2)** from **GROUP B**:

- Current student ID
- Any Primary Acceptable ID from Group A 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 U.S. Department of State
- Foreign passport in accordance with the U.S. Department of State, Visa Waiver Program
- Certified birth certificate from the U.S. Department of State (FS-240, DS-1350, or FS-545)

- Private company employment ID card
- Form I-94 - accompanied by the applicant's visa or passport
- Mexican voter registration card
- Foreign identification with identifiable photo of applicant (including El Salvador consular certification, El Salvadoran Unique Identity Card [DUI], and Honduran consular certification)

Group C – SUPPORTING DOCUMENTS

If you do not have one from Group A or two from Group B, provide **ONE (1)** from **GROUP B** and **TWO (2)** from **GROUP C**:

- Recent utility bill or cell phone bill with current address
- Recent paycheck stub
- Any Secondary Acceptable ID from Group B that is expired
- Public assistance applications or letters
- Signed valid voter's registration card
- Police report of stolen ID
- Official school transcript
- Bank account statement
- Social Security letter
- Marriage license or divorce decree
- Certified birth certificate from a state other than Texas, District of Columbia, or other country
- Automobile insurance card or contract
- Lease agreement
- Loan or installment payment contract
- Promissory note or loan contract
- Court order
- Property title or lien
- Automobile title or registration
- Library card
- Fishing or hunting license
- Recent medical record or bill
- Religious record with signature of religious official
- Recent rent receipt with address and name
- Federal, state, or local tax records
- U.S. Department of Homeland Security notice or correspondence