

**CITY OF NEDERLAND
VITAL STATISTICS DEPARTMENT
NOTARIZED PROOF OF IDENTIFICATION**

PART 1. 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 2. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.

Name: _____
Relationship to Person on Record: _____
Type of ID Accepted when Notarized: _____
ID Number: _____

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART 3. 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) who is related to the person named on Part 1 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/Printed Name

Street Address

City, State, and Zip Code

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)

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