

## **SWORN STATEMENT**

I,	declare under penalty of perjury under the laws of the State lin Texas Health and Safety Code, and am eligible to receive
of Texas, that I am an authorized person, as defined a certified copy of the birth or death certificate of the	
Part I. ENTER NAME AND DATE OF BIRTH/I	DEATH
FULL NAME OF PERSON ON RECO	
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
CERTIFICATE C	OF ACKNOWLEDGMENT
Part III. THIS SECTION MUST BE SIGN	NED IN THE PRESENCE OF A NOTARY PUBLIC
THE STATE OF	
COUNTY OF	
Before me, Name of Notary Public	on this day personally appeared
Name of Applicant	_to be the person whose name is subscribed to the
foregoing instrument and acknowledged to me that	he/she executed the same for the purposes and consideration
therein expressed.	
Given under my hand and s	eal of office, thisday of, 20
(Seal)	(Signature of Notary Public)

MAIL THE APPLICATION, SWORN STATEMENT, PHOTOCOPY OF YOUR VALID PHOTO ID AND FEE TO:
Mary Louise Nicholson, County Clerk
200 Taylor St., Suite 301
Fort Worth, TX 76196