

SWORN STATEMENT

I,	, declare under penalty	of perjury under	the laws of the State	
I, of Texas, that I am an authorized person, as define a certified copy of the birth or death certificate of t	ed in Texas Health and the following individua	Safety Code, and ll(s):	am eligible to receive	
Part I. ENTER NAME AND DATE OF BIRTH				
FULL NAME OF PERSON ON RECORD		DATE OF BIRTH/DEATH		
D4 H. ENITED DEL ATIONISHID TO DED CON	LON DECORD AND T	THE TYPE OF ID	LICED	
Part II. ENTER RELATIONSHIP TO PERSON NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED			
NAME AND RECORD	THE AND NOMB	ER OF ID ACCEL TEL	WHEN NOTAKIZED	
CERTIFICATE	OF ACKNOWLEDG	MENT		
Part III. THIS SECTION MUST BE SIG	NED IN THE PRESE	NCE OF A NOTA	ARY PUBLIC	
THE STATE OF				
COUNTY OF				
Before me,	on this day personally appeared y Public			
Name of Applicant	_to be the person who	se name is subscri	bed to the	
foregoing instrument and acknowledged to me tha	t he/she executed the sa	ame for the purpos	ses and consideration	
therein expressed.				
Given under my hand and	seal of office, this	day of	, 20	
(Seal)	(Signate	(Signature of Notary Public)		
MAIL THE APPLICATION, SWORN STATEME	NT, PHOTOCOPY OF YOUR	VALID PHOTO ID A	ND FEE TO:	

Mary Louise Nicholson, Tarrant County Clerk 200 Taylor St., Suite 301 Fort Worth, TX 76196