

**BOSQUE COUNTY CLERK
P O BOX 617
MERIDIAN, TX 76665**

FOR OFFICE USE ONLY

CERT# _____ DATE _____ BY _____

BIRTH:

\$23.00 EACH COPY AMOUNT: _____

CERT SIZE _____ WALLET SIZE _____

INFORMATION OF PERSON ON RECORD

FIRST _____ MIDDLE _____ LAST _____

DATE OF BIRTH: _____

PLACE OF BIRTH:

CITY _____ COUNTY _____

FATHER'S NAME _____

MOTHER'S MAIDEN NAME _____

THIS SECTION FOR PERSON APPLYING FOR CERTIFICATE

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

RELATIONSHIP TO PERSON ON RECORD _____

PURPOSE FOR OBTAINING THIS RECORD _____

TELEPHONE _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 1-20 YEARS IN PRISON AND A FINE UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC 195.003)

SIGNATURE _____ DATE _____

PLEASE INCLUDE COPY OF DRIVERS LICENSE OR VALID STATE ID CARD

PLEASE INFORM US IF YOU NEED THIS RECORD FOR THE PURPOSE OF OBTAINING A US PASSPORT, AS THE REQUIREMENTS HAVE CHANGED