

NOTARIZED PROOF OF IDENTIFICATION

ART 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 _____ (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 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, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

City of San Benito
485 N. Sam Houston
San Benito, Texas 78586

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

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 NAME AS IT APPEARS ON BIRTH OR DEATH RECORD	DATE OF BIRTH/DEATH MONTH, DAY & YEAR OF EVENT
PLACE OF BIRTH/DEATH (City or County) CITY OR COUNTY IN TEXAS	SEX MALE OR FEMALE
FULL NAME OF PARENT 1 (if applicable) FATHER'S FIRST MIDDLE & LAST NAME	FULL NAME OF PARENT 2 (if applicable) MOTHER'S FIRST, MIDDLE & MAIDEN NAME

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

NAME AND RELATIONSHIP TO PERSON ON RECORD APPLICANT'S FIRST, MIDDLE & LAST NAME & RELATIONSHIP	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED TYPE OF VALID IDENTIFICATION PRESENTED AT TIME OF NOTARIZING ALONG WITH IDENTIFICATION NUMBER
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AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

STATE OF YOUR STATE
 COUNTY OF YOUR COUNTY
 Before me on this day appeared APPLICANT APPEARING BEFORE YOU THE NOTARY PUBLIC
(Name)
 now residing at APPLICANT'S CURRENT PHYSICAL ADDRESS - CITY - STATE
(Address) (City) (State)
 who is related to the person named on Part I as APPLICANT'S RELATIONSHIP TO PART 1 and who on oath deposes and
(Relationship)
 says that the contents of this affidavit are true and correct.
 Signature APPLICANT'S SIGNATURE
 Sworn to and subscribed before me, this DAY day of MONTH, 20 YEAR.

{Seal}
NOTARY PUBLIC SEAL AFFIXED HERE

Signature of Notary Public NOTARY PUBLIC SIGNATURE
Commission Expires COMMISSION EXPIRATION DATE
Typed or Printed Name NOTARY PUBLIC PRINTED NAME
Street Address NOTARY PUBLIC STREET ADDRESS
City, State and Zip NOTARY PUBLIC CITY, STATE & ZIP

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