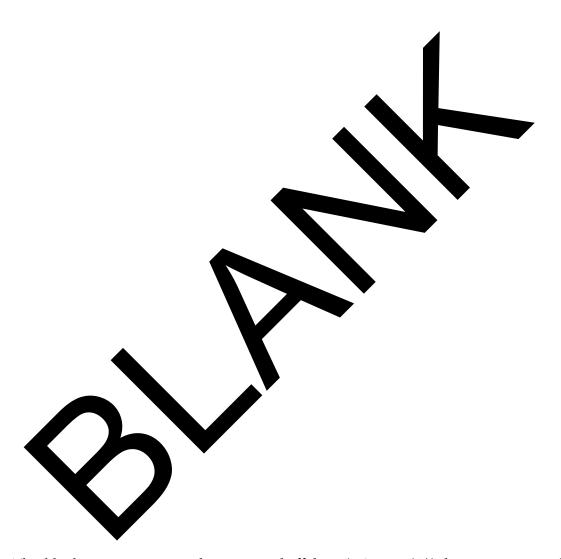
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Full Name of Parent 2	First Name	Middle Name				Maiden Name/Last Name			
REQUESTOR IN	IFORMATION								
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	ailing to the address belo			the addr	ess belov	v will rece	eive my orde	r.	
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Your Signature							of Application		
	APPLICATIONS W	THOUT S	SIGNATURE	OF APPL	ICANT W	ILL NOT	BE PROCES	SED.	
I	MAIL THIS APPLICATION, PA	AYMENT, S	SWORN STATI Cherokee			OCOPY O	F YOUR VALID	PHOTO ID TO:	
				fice Box					
				OVOC 757					

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



This blank page is to ensure that notarized affidavit (VS-142.3(A)) does not print on the reverse side of the application (VS-142.3).

NOTARIZED PROOF OF IDENTIFICATION

	DATE OF BIRTH/DEATH				
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 REC	ORD AND THE TYPE OF ID USED.				
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED				
AFFIDAVIT OF	F PERSONAL KNOWLEDGE				
7					
PART III. THIS SECTION MUST BE SIGNED IN THE PR	ESENCE OF A NOTARY PUBLIC.				
STATE OF					
COUNTY OF					
Before me on this day appeared	(Name) (City) (State) (ba) åÅ, @Å, 為 æ@% [•^•/•/				
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• æê • ÁsœæÁthe contents of this affidavit are true and correct.					
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• æ • Ác@æAhe contents of this affidavit are true and correct. Sworn to and subscribed before me, this day of					
• ae • Acceptance contents of this amidavit are true and correct.					
• ae • Ascendance contents of this amidavit are true and correct.	, 20 Signature of Notary Public				
Sworn to and subscribed before me, this day of	, 20				
• ae • Accessance contents of this amidavit are true and correct.	, 20 Signature of Notary Public				
Sworn to and subscribed before me, this day of	20 Signature of Notary Public Commission Expires				
Sworn to and subscribed before me, this day of					

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:

Cherokee County Clerk Post Office Box 420 Rusk, Texas 75785

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

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