



## City of Tomball

### Permission Request for Birth Certificate on Behalf of Spouse

**Instructions:** Please have your spouse fill out and sign this form. Make sure they attach a NOTARIZED copy of their valid driver's license. Once this form is filled out, you will need to fill out an application for the birth certificate and your valid driver's license. If you have any questions, please contact the Vital Registrar at 281.290.1000.

I \_\_\_\_\_ grant permission to \_\_\_\_\_,  
(Person Named on Birth Record) (First & Last Name of Spouse)

my **HUSBAND / WIFE** to request a certified copy of my birth certificate.  
(circle one)

My date of birth is \_\_\_\_/\_\_\_\_/\_\_\_\_\_.  
(MM/DD/YYYY)

\_\_\_\_\_  
Signature of Person Named on Record

\_\_\_\_\_  
Date

### NOTARIZED PROOF OF IDENTIFICATION

|  |                       |
|--|-----------------------|
| <b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b> |                       |
| 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 |

|   |   |
|---|---|
| <b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b> |   |
| NAME AND RELATIONSHIP TO PERSON ON RECORD                                       | TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED |
|   |   |

### AFFIDAVIT OF PERSONAL KNOWLEDGE

|   |                            |
|---|----------------------------|
| <b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>  |                            |
| 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 Tomball Vital Statistics  
401 Market Street  
Tomball, TX 77375-4697

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