



# NOTARIZED PROOF OF IDENTIFICATION

<b>PART 1. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND THE 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 2. 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 _____ and who on oath deposes and (Relationship)	
says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn and subscribed before me, this _____ day of _____, 20_____.	

(PLEASE PLACE NOTARY SEAL IN BLANK SPACE)

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 YEAR 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 WESLACO  
CITY SECRETARY'S OFFICE  
255 S. KANSAS AVE.  
WESLACO, TEXAS 78596**

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