



APPLICATIONS WITHOUT PHOTO ID AND THE ATTACHED SWORN STATEMENT 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	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 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 _____ and who on oath
(Relationship)
deposes and says that the contents of this affidavit are true and correct.
Signature _____
Sworn to and subscribed before me, this _____ day of _____, 20_____.

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)

