

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

HEMPHILL COUNTY & DISTRICT CLERK  
PO BOX 867  
400 MAIN STREET  
CANADIAN, TX 79014

DATE OF APPLICATION:

\_\_\_\_\_  
MONTH                      DAY                      YEAR

NAME OF DECEASED:

\_\_\_\_\_  
FIRST                                      MIDDLE                                      LAST

DATE OF DEATH:

\_\_\_\_\_  
MONTH                      DAY                      YEAR

PLACE OF DEATH:

\_\_\_\_\_  
COUNTY                                      STATE

RELATION TO DECEDENT: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_  
(EMPLOYMENT, SOCIAL SECURITY, PERSONAL RECORD, ETC.)

APPLICANT'S SIGNATURE: \_\_\_\_\_

APPLICANT'S PRINTED NAME: \_\_\_\_\_

APPLICANT'S TELEPHONE NUMBER: \_\_\_\_\_

.....  
FOR OFFICE USE:

FEES: \$23 IN OFFICE                      \$24 BY MAIL

IDENTIFYING INFORMATION ON APPLICANT: \_\_\_\_\_

CERTIFICATE NUMBER: \_\_\_\_\_