

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

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

RETURN ADDRESS:

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: _____

Warning: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. A person commits an offense if the person intentionally or knowingly makes a false statement or directs another person to make a false statement in an application for a certified copy of vital records [HSC§ 195.003 (a-4)]

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FOR OFFICE USE:

FEES: \$23 IN OFFICE \$24 BY MAIL \$3 ADDITIONAL COPIES

IDENTIFYING INFORMATION ON APPLICANT: _____

CERTIFICATE NUMBER: _____

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 AND NUMBER 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 deposes and (Relationship)
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:

HEMPHILL COUNTY CLERK
PO BOX 867
CANADIAN, TX 79014

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