SOLICITUD DE COPIA CERTIFICADA DEL CERTIFICADO DE DEFUNCIÓN

OFICINA DEL SECRETARIO DEL CONDADO Y DEL DISTRITO DE HEMPHILL
PO BOX 867
400 MAIN STREET

DIRECCIÓN DE RETORNO:
_____
_____
_____
_____
_____

FECHA DE SOLICITUD:

_____
MES DIA AÑO

NOMBRE DEL FALLECIDO:

_____
PRIMER NOMBRE SEGUNDO NOMBRE APELLIDO

FECHA DE DEFUNCIÓN:

_____
MES DIA AÑO

LUGAR DE DEFUNCIÓN:

_____
CONDADO ESTADO

RELACIÓN CON EL FALLECIDO: _____

MOTIVO DE LA SOLICITUD: _____

FIRMA DE SOLICITANTE: _____

NOMBRE IMPRESO DEL SOLICITANTE: _____

NÚMERO DE TELÉFONO DEL SOLICITANTE: _____

Advertencia: La pena por hacer intencionalmente una declaración falsa en este formulario puede ser de 2 a 10 años de prisión y una multa de hasta $10,000. Una persona comete un delito si intencionalmente o a sabiendas hace una declaración falsa o le indica a otra persona que haga una declaración falsa en una solicitud de una copia certificada de documentos vitales [HSC§ 195.003 (a-4)]

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PARA USO DE OFICINA:

TARIFAS: $21 EN OFICINA $22 POR CORREO ($1 ESTAMPILLA POSTAL) $4 COPIAS ADICIONALES

INFORMACION DE IDENTIFICACION SOBRE EL SOLICITANTE:: _____

NUMERO DE CERTIFICADO:_____

EMITIDO POR: _____

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 _____ (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:

HEMPHILL COUNTY CLERK
PO BOX 867
CANADIAN, TX 79014

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