

**APPLICATION FOR DEATH CERTIFICATE (W)**

*Please Print & Type*

Mail this form with your check or money order to:  
CATHY JENTHO, EASTLAND COUNTY CLERK  
P. O. BOX 110 OR 100 WEST MAIN STREET #102  
EASTLAND, TEXAS 76448  
254-629-1583

\_\_\_\_\_ Certified Copies @ \$21.00 each                   \$ \_\_\_\_\_  
\_\_\_\_\_ Extra copies of same record @ \$4.00           \$ \_\_\_\_\_

Full Name of Person on Record: \_\_\_\_\_

(First, Middle, Last)

Date of Death: (Month,Day,Year) \_\_\_\_\_

Place of Death: (City,County) \_\_\_\_\_

Social Security Number of Deceased: \_\_\_\_\_

Full Name of Father: \_\_\_\_\_

(First,Middle,Last)

Full Maiden Name of Mother: \_\_\_\_\_

(First, Middle, Maiden)

Place of birth: (City,County,State) \_\_\_\_\_

Date of birth: (Month,Day,Year) \_\_\_\_\_

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Applicant's Full Name: \_\_\_\_\_

(First,Middle,Last)

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone Number: (Area Code+number) \_\_\_\_\_

Relationship to Person on Record: \_\_\_\_\_

Purpose for Obtaining Record: \_\_\_\_\_

Applicant's Identification Type: \_\_\_\_\_

(Attach Photocopy)

ID Number: \_\_\_\_\_

SIGNATURE OF APPLICANT X \_\_\_\_\_

(REQUIRED)

**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.  
(HEALTH & SAFETY CODE 195.003)                   revised 12-01-2005**

## NOTARIZED PROOF OF IDENTIFICATION

<b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND 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 II. 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 _____ <span style="margin-left: 350px;">(Name)</span>
now residing at _____ <span style="margin-left: 100px;">(Address)</span> <span style="margin-left: 100px;">(City)</span> <span style="margin-left: 100px;">(State)</span>
who is related to the person named on Part I as _____ <span style="margin-left: 150px;">(Relationship)</span> 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:**

Cathy Jentho  
Eastland County Clerk  
P O Box 110  
100 W. Main Suite 102  
Eastland, Tx. 76448

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