

Application for certified copy of DEATH Certificate



MARK STAPLES

500 NORTH CHURCH ST, ROOM 10

PALESTINE, TX 75801

NO PERSONAL CHECKS

ACCEPTABLE FORMS OF PAYMENT: CASH,
MONEY ORDER, CREDIT/DEBIT CARD

PHOTOCOPY OF ID MUST BE SENT IF
SUBMITTING APPLICATION VIA MAIL/ IN PERSON

PHONE : (903)723-7402 INSTRUCTIONS FOR SUBMITTING APPLICATION BY MAIL: "NOTARIZED AFFIDAVIT OF IDENTITY" A PHOTOCOPY OF A VALID ID AND APPROPRIATE FORM OF PAYMENT MUST BE INCLUDED. ALL FORMS CAN BE FOUND AT <https://www.co.anderson.tx.us/page/anderson.County.Clerk>

FIRST CERTIFIED COPY: \$21.00, THEN \$4.00 EACH ADDITIONAL COPY **TOTAL # OF COPIES** _____

FULL NAME AT TIME OF DEATH

FIRST:

MIDDLE:

LAST:

DATE OF DEATH :

SEX: MALE OR FEMALE

PLACE OF DEATH (CITY OR TOWN):

COUNTY OF DEATH: **ANDERSON COUNTY**

FULL BIRTH NAME OF PARENT 1 –

MIDDLE:

LAST (MAIDEN):

FIRST:

FULL BIRTH NAME OF PARENT 2 –

MIDDLE:

LAST (MAIDEN):

FIRST:

APPLICANTS NAME FIRST:

MIDDLE:

LAST:

DAYTIME PHONE:

MAILING ADDRESS:

REASON FOR REQUESTING RECORD:

RELATIONSHIP TO PERSON (OR SELF) ON RECORD:

OFFICE USE ONLY:

CERTIFICATE # _____

DONE BY: _____

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)

- I WISH TO MAKE A VOLUNTARY CONTRIBUTION OF \$5.00 TO PROMOTE HEALTHY EARLY CHILDHOOD BY SUPPORTING THE TEXAS HOME VISITATION PROGRAM ADMINISTERED BY THE OFFICE OF EARLY CHILDHOOD COORDINATION OF THE HEALTH AND HUMAN SERVICES

SIGNATURE OF APPLICANT: _____

DATE: _____