

Application for certified copy of DEATH Certificate

NO PERSONAL CHECKS



MARK STAPLES
500 NORTH CHURCH ST, ROOM 10
PALESTINE, TX 75801

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 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: _____

PURPOSE FOR OBTAINING RECORD: _____ RELATIONSHIP TO PERSON ON CERTIFICATE: _____

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)

- o 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: _____

NOTORIZED 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 1 as _____ and who on oath deposes and
(Relationship)

says that the contents of this affidavit signed by me and that the statements are true and correct.

Signature _____

Sworn to and subscribed before me, this _____ day of _____, 20_____.

Signature of Notary Public

Commission Expires

Typed or Printed Name

Street Address

City, State and Zip

(Personalized Seal)

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 APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:
 Anderson County Clerk
 500 North Church St Room 10
 Palestine, Texas 75801**

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