

HONORABLE SHASTA BERGMAN

TRINITY COUNTY CLERK
211 W. 1ST STREET * P.O. BOX 456
GROVETON, TEXAS 75845

PHONE: (936) 642-1208 FAX: (936) 642-3004

REQUEST FOR DEATH RECORDS

<u>Death</u>	ath Certificates: \$20.00 for the 1st copy			
\$3 for	for each additional issued at the same time			
# Of c	f copies:			
	order a birth certificate by mail, please complete and y of your Driver's License or a photo I.D. and Notar			
1.	1. Name on Record:			
2.	First Mid 2. Date of Death:			
3.	3. Place of Death:			
4.	Your Relationship to person whose certificate you are requesting: (Must be an immediate family member: husband, wife, child, sibling, parent, grandparent, or grandchild)			
5.	State the reason for obtaining the certificate:			
6.	6. Name of Applicant:			
7.	7. Mailing Address:			
8.	8. Signature of Applicant:		Date:	

Death Records are confidential for 25 years and

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 2-10 years imprisonment and a fine of up to \$10,000.

(Health and Safety Code, Chapter 678, Sec. 195.003)



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(relationship)	
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MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT (MONEY ORDER OR CASHIER CHECK) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

TRINITY COUNTY CLERK SHASTA BERGMAN PO BOX 456 GROVETON, TX 75845

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