

If requesting by mail, you can include an additional \$7.00 for your request to be returned by certified mail. If not included, your request will be returned by regular mail.

JULIA MILLER
 County Clerk, Runnels County
 613 Hutchings Ave., Rm. 106
 Ballinger, Texas 76821
 Phone – 325.365.2720

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

| DEATH CERTIFICATES | |
|--|------------|
| # REQUESTED | |
| _____ CERTIFIED COPY X \$21.00 | = \$ _____ |
| _____ EXTRA COPIES (OF SAME RECORD) X \$4.00 | = \$ _____ |
| TOTAL ENCLOSED | \$ _____ |

PLEASE PRINT

| | | | |
|--|---------------|--------------|------------|
| 1. Full Name of Person On Record XXXXXXXX | First Name: | Middle Name: | Last Name: |
| 2. DATE OF DEATH | Month: | Day: | Year: |
| 3. SEX (circle one) | Male | Female | |
| 4. PLACE OF DEATH XXXXXXXXXXXXXXXXXX | City or Town: | County: | State: |
| 5. Full Name of FATHER XXXXXXXXXXXXXXXXXX | First Name: | Middle Name: | Last Name: |
| 6. Full Name of MOTHER XXXXXXXXXXXXXXXXXX | First Name: | Middle Name: | Last Name: |

7. ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE:

Social Security Number of Deceased: _____ - _____ - _____

Birth Date: _____ Birth Place: _____

8. APPLICANT'S NAME: _____ 9. TELEPHONE NO: () _____
(Mon – Fri 8:00 – 5:00)

10.. MAILING ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

11. RELATIONSHIP TO PERSON NAMED IN ITEM 1: _____

12. PURPOSE FOR OBTAINING THIS RECORD: _____

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 20 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000.00. (HEALTH AND SAFETY CODE, CHAPTER 195 SEC.195.003).

 SIGNATURE OF APPLICANT

 DATE

IDENTIFICATION TYPE: _____
(Driver's License, I.D. Card, etc)

NO #: _____
(# on DL, I.D. Card, etc)

If processing this request by mail, please mail this application, payment and a photocopy of your valid photo ID to:

Julia Miller
 County Clerk
 613 Hutchings Ave., Room 106
 Ballinger, Texas 76821

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)

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