

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

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

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