

**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	First Name: _____	Middle Name: _____	Last Name: _____
2. Date of Death	Month: _____	Day: _____	Year: _____
3. Sex	Male: _____	Female: _____	
4. Place of Death	City or Town: _____	County: _____	State: _____
5. Full Name of Father	First Name: _____	Middle Name: _____	Last Name: _____
6. Full Name of Mother	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

<b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b>			
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	

<b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

## AFFIDAVIT OF PERSONAL KNOWLEDGE

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>	
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 _____.	
<i>(Seal)</i>	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)**