

APPLICATION FOR DEATH CERTIFICATE

Hunt County Clerk
 Becky Landrum
 PO Box 1316
 Greenville TX 75403
 903-408-4130

OFFICE USE ONLY

Certificate NO. _____

Issuing Deputy's initials: _____

Date Processed _____

1ST Certified Copy..... \$21.00 Additional Copies.....\$4.00 each
 Number of Copies Requested..... _____
 ___ I wish to make a \$5.00 donation for the Texas Home Visiting Program for healthy early childhood
 Total Due.....\$ _____
 Debit/Credit _____ Money Order/Cashier Check _____
Paying by Debit/Credit Card, the information below is required
 Reference # E- _____ Payment Confirmation # _____
(Please enter the letter E & Requester's last name)
You must submit a copy of your current Driver's License or government issued ID. The reference number should be entered by you at time of payment. The Payment Confirmation is issued after payment is complete.

Full Name on Record:	First Name	Middle Name	Last Name
Date of Death:	Month	Day	Full Year
Place of Death:	City	County	State
Parent 1:	First Name	Middle Name	Maiden Last Name
Parent 2:	First Name	Middle Name	Maiden Last Name

Information about Applicant

Full Name of Applicant:	First Name	Middle Name	Last Name
Address of Applicant	Mailing Address		
	City	State	Zip Code
Applicant's Phone Number:		Applicant's Email Address	
Applicant's Relationship to person name on record			
Purpose for Obtaining Record:			

WARNING: The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine of up to \$10,000.00(Health & Safety Code 195.003)

 Signature of Applicant
(COPY OF APPLICANT'S PHOTO ID IS REQUIRED)

 Today's Date

Debit/Credit Card Payment
 Process Payment Online at
<https://certifiedpayments.net>
 Bureau Code-6889951

If the County Clerk's Office does not receive the Application within 96 hours after the payment has been submitted, a refund will be processed (convenience fee excluded)

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 in Part I as _____ (relationship) and who on oath deposes	
and says that the contents of this affidavit are true and correct.	
Signature _____ (Signature of Applicant)	
Sworn to and subscribed before me, this ____ day of _____, 20 ____.	
<i>(Please place notary stamp in space below)</i>	

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State and Zip

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

**HUNT COUNTY CLERK
VITAL RECORDS
PO BOX 1316
GREENVILLE TX 75403**

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