APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

Hopkins County Clerk
Tracy Smith
128 Jeffeson St. Ste.C
Sulphur Springs,TX
75482
903-438-4074

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Office Use Only
First Copy @ $21.00 Additional @ $4.00
Number Requested…… _____
Total Due……$_____
Certificate NO. ……...……_____
Cash____ Check#_____Debit/credit _____
(Only money orders/cashier checks by mail)

***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)

Please Print: *Information Found on Death Certificate*

1. Full Name on Record: (first, middle, last)

2. Date of Death:

3. Place of Death: (City, County)

4. Parent 1 Full Name: (first, middle, maiden name/last name)

5. Parent 2 Full Name: (first, middle, maiden name/last name)

Information about Applicant

6. Applicant's Full Name:

7. Applicant's Mailing Address:

City, State, Zip Code

8. Telephone Number: 9. Email Address

10. Applicant's Relationship to Person Named in #1:

11. Purpose for Obtaining Record:

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

Today's Date

For applications that are sent by mail:
The attached Notarized Proof of Identification/Affidavit of Personal Knowledge and copy of valid photo ID must be attached to this completed application or the request will not be processed.

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 _____ and who on oath deposes
(relationship)

and says that the contents of this affidavit are true and correct.

Signature _____

Sworn to and subscribed before me, this _____ day of _____, 20 ____.

(Please place notary stamp in space below)

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:

HOPKINS COUNTY CLERK
VITAL RECORDS
128 JEFFERSON ST. SUITE C
SULPHUR SPRINGS, TX 75482

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