

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

Terry County Clerk
 Kim Carter
 500 West Main
 Room 105
 Brownfield, TX
 79316
 806-637-8551



Office Use Only	
Each Certified Copy.....	\$21.00
2 nd Cert. \$4.00 purchased on same day	
Plastic Sleeves-letter-\$2.00, Legal -\$3.00	
# of Cert. Requested.....	_____
Total Due.....	\$ _____
Certificate NO.	_____
Cash	Check# _____ Debit/credit _____

I wish to make a \$5 donation for the Texas

Home Visiting Program for healthy early childhood

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. Full Name of Parent 1: (First, Middle, Maiden Name/Last Name) _____
5. Full Name of Parent 2: (First, Middle, Maiden Name/Last Name) _____
6. Applicant's Full Name: Information about Applicant _____
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:

**TERRY COUNTY CLERK
500 WEST MAIN, RM 105
BROWNFIELD, TEXAS 79316**

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