

# APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

CAMP COUNTY CLERK  
126 Church Steet, Room 102  
Pittsburg, Texas 75686  
(903) 856-2731

Office Use Only	
First Certified Copy.....	\$21.00
Extra Copies @ \$4.00 each.....	\$ 4.00
Number Requested.....	_____
Total Due.....	\$ _____
Certificate NO. ....	_____
Cash _____ Check# _____ Debit/credit _____	
(Debit/Credit done in office only) (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: \_\_\_\_\_ Maiden/Birth Last Name \_\_\_\_\_
5. Parent 2 Full Name: \_\_\_\_\_ Maiden/Birth Last Name \_\_\_\_\_

*Information about Applicant*

6. Applicant's Full Name:  
\_\_\_\_\_
7. Applicant's Mailing Address:  
\_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_
8. Telephone Number:  
\_\_\_\_\_
9. Applicant's Relationship to Person Named in #1:  
\_\_\_\_\_
10. 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

<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 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 ____.	
<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:**

CAMP COUNTY CLERK  
126 Church Street, Room 102  
Pittsburg, Texas 75686

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