

Application for certified copy of DEATH Certificate

NO PERSONAL CHECKS



MARK STAPLES
500 NORTH CHURCH ST, ROOM 10
PALESTINE, TX 75801

ACCEPTABLE FORMS OF PAYMENT: CASH,
MONEY ORDER, CREDIT/DEBIT CARD

PHOTOCOPY OF ID MUST BE SENT IF
SUBMITTING APPLICATION VIA MAIL/ IN PERSON

PHONE : (903)723-7402 INSTRUCTIONS FOR SUBMITTING APPLICATION BY MAIL: "NOTARIZED AFFIDAVIT OF IDENTITY" A PHOTOCOPY OF A VALID ID AND APPROPRIATE FORM OF PAYMENT MUST BE INCLUDED. ALL FORMS CAN BE FOUND AT <https://www.co.anderson.tx.us/page/anderson.County.Clerk>

FIRST CERTIFIED COPY: \$21.00 , THEN \$4.00 EACH ADDITIONAL COPY			TOTAL # OF COPIES _____
FULL NAME AT DEATH			
FIRST:	MIDDLE:	LAST:	
DATE OF DEATH :			
		SEX:	MALE OR FEMALE
PLACE OF DEATH (CITY OR TOWN):		COUNTY OF DEATH: ANDERSON COUNTY	
FULL BIRTH NAME OF PARENT 1 –	MIDDLE:	LAST (MAIDEN):	
FIRST:			
FULL BIRTH NAME OF PARENT 2 –	MIDDLE:	LAST (MAIDEN):	
FIRST:			
APPLICANTS NAME FIRST:	MIDDLE:	LAST:	
DAYTIME PHONE:	MAILING ADDRESS:		
PURPOSE FOR OBTAINING RECORD:		RELATIONSHIP TO PERSON ON CERTIFICATE:	
OFFICE USE ONLY:			
CERTIFICATE # _____		DONE BY: _____	

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 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

- o I WISH TO MAKE A VOLUNTARY CONTRIBUTION OF \$5.00 TO PROMOTE HEALTHY EARLY CHILDHOOD BY SUPPORTING THE TEXAS HOME VISITATION PROGRAM ADMINISTERED BY THE OFFICE OF EARLY CHILDHOOD COORDINATION OF THE HEALTH AND HUMAN SERVICES

SIGNATURE OF APPLICANT: _____

DATE: _____