

NICOLE CROCKER  
CALLAHAN COUNTY CLERK  
100 WEST 4<sup>TH</sup> STREET, SUITE 104  
BAIRD, TEXAS 79504  
325-854-5815

## APPLICATION FOR DEATH CERTIFICATE

DEATH CERTIFICATE IS CONFIDENTIAL FOR 25 YEARS FROM DATE OF DEATH

**Application must be accompanied by a photo copy of the applicants current DRIVERS LICENSE**

NUMBER OF CERTIFICATES NEEDED \_\_\_\_\_  
\$21.00 FOR THE FIRST AND \$4.00 EACH ADDITIONAL = \$ \_\_\_\_\_

1. Full Name of Deceased \_\_\_\_\_ Sex \_\_\_\_\_  
First Middle Last

2. Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_  
Month/Day/Year City/County/State

3. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month/Day/Year City/County/State

4. Father's Full Name \_\_\_\_\_  
First Middle Last

5. Mother's Maiden Name \_\_\_\_\_  
First Middle Last

6. Reason for needing this Death Certificate \_\_\_\_\_

7. Relationship to person listed above \_\_\_\_\_

8. Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
City/State/Zip

Clerks Information Below:

Date Issued \_\_\_\_\_ By \_\_\_\_\_ Issued # \_\_\_\_\_

**WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 678, SEC. 195.003)**

## 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)

\_\_\_\_\_ (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State)

who is related to \_\_\_\_\_ (Relationship)

I declare the contents of this affidavit are true and correct.

Signature \_\_\_\_\_

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(Seal)

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

**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)**

**MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:**

NICOLE CROCKER  
 CALLAHAN COUNTY CLERK  
 100 WEST FOUR ST. STE 104  
 BAIRD, TX 79504

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