

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

Wood County Clerk
Kelley Price
PO Box 1796
Quitman, TX 75783
903-763-2711



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

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:

**WOOD COUNTY CLERK
VITAL RECORDS
PO BOX 1796
QUITMAN TX 75783**

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