

# APPLICATION FOR A CERTIFIED COPY OF DEATH CERTIFICATE

DAWSON COUNTY CLERK  
 CLARE CHRISTY  
 P.O. BOX 1268  
 400 S. 1<sup>ST</sup> ST.  
 LAMESA, TX  
 79331  
 806-872-3778



OFFICE USE ONLY	
Each Certified Copy.....	\$21.00
2 <sup>ND</sup> Cert. \$4.00 purchased on the same day	
# of Certified Request.....	_____
Total Due.....	\$ _____
Certificate No. ....	_____

*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) \_\_\_\_\_

Information about Applicant

6. Applicant's Full Name \_\_\_\_\_
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

\_\_\_\_\_  
 Today's Date

**(COPY OF APPLICANT'S PHOTO ID IS REQUIRED)**

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 of 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 ____.	
(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:**

**Dawson County Clerk  
P.O. Box 1268  
Lamesa, Tx 79331**

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