

# DARLA SHEPPARD

DAWSON COUNTY CLERK  
P.O. BOX 1268, LAMESA, TX 79331

## APPLICATION FOR A CERTIFIED COPY OF A DEATH CERTIFICATE

THESE RECORDS ARE PROTECTED BY THE STATE OF HEALTH AND SAFETY CODE AND MAY ONLY BE RELEASED TO A "PROPERLY" QUALIFIED APPLICANT", WHICH IS DEFINED AS AN IMMEDIATE MEMBER OF THE FAMILY, A LEGAL OR PERSONAL REPRESENTATIVE, OR AGENT. PROPER IDENTIFICATION WILL BE REQUIRED AT THE TIME OF ORDER.

\*PLEASE NOTE: This office only contains records of death that occurred in Dawson County

\*FEES: \$21.00 -If more than one certificate of the same record is requested at the same time, the fee for each additional copy is \$4.00.

NUMBER OF COPIES: \_\_\_\_\_

NAME OF DECEASED: \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF DEATH: \_\_\_\_\_ PLACE OF DEATH: LAMESA, TEXAS

SEX: MALE FEMALE

NAME OF APPLICANT: \_\_\_\_\_  
FIRST MIDDLE LAST

I AM RELATED AS: \_\_\_\_\_

PURPOSE OF REQUEST: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_  
CITY STATE ZIP

APPLICANT PHONE #: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

ALL INFORMATION MUST BE COMPLETED BEFORE YOUR ORDER CAN BE PROCESSED.  
NOTE: If mailing, please attach a copy of photo identification to application.

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.

FOR OFFICE USE ONLY:

PROPER IDENTIFICATION PROVIDED: YES NO ATTACHED  
TYPE \_\_\_\_\_ ID # \_\_\_\_\_

CERTIFICATE # \_\_\_\_\_  
VOL \_\_\_\_\_ PAGE \_\_\_\_\_

## 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 on Part I as _____ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.						
Signature _____						
Sworn to and subscribed before me, this _____ day of _____, 20_____.						
<i>(Seal)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Signature of Notary Public</td></tr> <tr><td style="text-align: center;">Commission Expires</td></tr> <tr><td style="text-align: center;">Typed or Printed Name</td></tr> <tr><td style="text-align: center;">Street Address</td></tr> <tr><td style="text-align: center;">City, State and Zip</td></tr> </table>	Signature of Notary Public	Commission Expires	Typed or Printed Name	Street Address	City, State and Zip
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:

MAILING ADDRESS:  
P.O. DRAWER 1268  
LAMESA, TEXAS 79331

(806) 872-3778  
872-7685  
FAX (806) 872-3395

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