

# APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

Archer County Clerk  
Karren Winter  
PO Box 427  
Archer City, TX 76351  
940-574-4302

I wish to make a \$5 donation for the Texas Home Visiting Program for healthy early childhood

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

<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 ____.	
<small>(Please place notary stamp in space below)</small>	
	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:**

**ARCHER COUNTY CLERK  
VITAL RECORDS  
PO BOX 427  
ARCHER CITY TX 76351**

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