

# APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

Van Zandt County Clerk  
121 E. Dallas St., Rm. 202  
Canton, TX 75103  
903-567-6503

## Office Use Only

First Certified Copy.....\$21.00  
Extra Copies @ \$4.00 each...\$4.00  
Number Requested.....  
Total Due.....\$  
Certificate NO.....

**WARNING:** The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine 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

Today's Date

(COPY OF APPLICANT'S PHOTO ID IS REQUIRED)

**For applications that are sent by mail:**

**The attached Noratized 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 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_____.	

*(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:

**PAM PEARMAN**  
County Clerk  
121 East Dallas St., Room 202  
Canton, TX 75103

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