

# APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

WHARTON COUNTY CLERK  
 BARBARA SVATEK  
 PO BOX 69  
 WHARTON, TX 77488  
 979-532-2381

# Requested

\_\_\_\_\_ 1<sup>ST</sup> Certified Copy x \$21.00 = \_\_\_\_\_  
 \_\_\_\_\_ Additional Certified copies x \$4.00= \_\_\_\_\_  
 Total Enclosed = \_\_\_\_\_

1. Full Name of Person on Record	First Name	Middle Name		Last Name
2. Date of Death	Month	Day	Year	3. Sex
3. Place of Death	City or Town	County		State
4. Full Name of Parent1	First Name	Middle Name		Maiden Name/ Last Name
5. Full Name of Parent2	First Name	Middle Name		Maiden Name/ Last Name

7. APPLICANT'S NAME: \_\_\_\_\_ 8. TELEPHONE #: \_\_\_\_\_

9. MAILING ADDRESS: \_\_\_\_\_  
STREET NAME CITY STATE ZIP

10. RELATIONSHIP TO PERSON NAMED IN ITEM NO.1: \_\_\_\_\_

11. PURPOSE FOR OBTAINING THIS RECORD: \_\_\_\_\_

**WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS AND A FINE OF UP TO \$10,000 (HEALTH AND SAFETY CODE, CHAPTER 195, SEC.195-003)**

13. \_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DATE

**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 AND SAYS THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT.			
SIGNATURE _____			
SIGNATURE OF APPLICANT			
SWORN TO AND SUBSCRIBED BEFORE ME, THIS _____ DAY OF _____, 20____.			
(PLEASE PLACE NOTARY STAMP IN SPACE BELOW)			
SIGNATURE OF NOTARY _____			

**WARNING: IT IS A PELONY 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 ONLY) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:**

**WHARTON COUNTY CLERK  
VITAL RECORDS  
PO BOX 69  
WHARTON TX 77488**

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