

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

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

Requested

_____ 1ST Certified Copy x \$21.00 = _____

_____ Additional Certified copies x \$4.00= _____

Total Enclosed = _____

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

1. APPLICANT'S NAME: _____ 2. TELEPHONE #: _____

3. MAILING ADDRESS: _____
STREET NAME CITY STATE ZIP

4. RELATIONSHIP TO PERSON NAMED IN ITEM NO.1: _____

5. 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)

6. _____
SIGNATURE OF APPLICANT

DATE

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE			
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	

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC	
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)