

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

JENNIFER LINDENZWEIG
HUNT COUNTY CLERK
P.O. BOX 1316
GREENVILLE, TX. 75403
903-408-4130



FIRST CERTIFIED COPY ...\$21.00
EXTRA COPIES @ \$4.00 EA. _____
TOTAL DUE..... _____
CERTIFICATE NO. _____
Cash _____ Check# _____ Debit/Credit _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000(HEALTH AND SAFETY CODE, CHAPTER 195, SEC.195.003)

PLEASE PRINT

1. NAME ON RECORD:
(FIRST,MIDDLE,LAST) _____
2. DATE OF DEATH:
(MONTH,DAY,YEAR) _____
3. PLACE OF DEATH:
(CITY,COUNTY) _____ IN TEXAS ONLY
4. FATHER'S NAME:
(FIRST,MIDDLE,LAST) _____
5. MOTHER'S MAIDEN NAME:
(FIRST,MIDDLE,LAST) _____

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6. APPLICANT'S NAME:
(FIRST,MIDDLE,LAST) _____

7. APPLICANT'S MAILING ADDRESS: _____

CITY,STATE,ZIP CODE _____

8. TELEPHONE NUMBER (INCLUDE AREA CODE) _____

9. RELATIONSHIP TO PERSON NAMED IN #1: _____

10. PURPOSE FOR OBTAINING RECORD: _____

X _____
SIGNATURE

DATE

COPY APPLICANTS I.D. IS REQUIRED

NO PERSONAL CHECKS/MONEY ORDER OR CASHIER'S CHECK ONLY BY MAIL