

**APPLICATION FOR CERTIFIED COPY OF DEATH  
CERTIFICATE**

LINDA BROOKS  
HUNT COUNTY CLERK  
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903-408-4130

FIRST CERTIFIED COPY    \$20.00  
EXTRA COPIES @ \$4.00 EA. \_\_\_\_\_  
TOTAL DUE..... \_\_\_\_\_  
CERTIFICATE NO. \_\_\_\_\_

**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) \_\_\_\_\_

.....

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 OF APPLICANTS I.D. IS REQUIRED.  
NO PERSONAL CHECKS. MONEY ORDER OR CASHIER'S CHECK ACCEPTED  
BY MAIL.***