

APLICACIÓN PARA OBTENER UNA ACTA DE DEFUNCIÓN

Hunt County Clerk
Jennifer Lindenzweig
PO Box 1316
Greenville TX 75403
903-408-4130



Office Use Only	
First Certified Copy.....	\$21.00
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Información Encontrada en la Acta

1. Nombre Del Difunto:

2. Fecha De Fallecimiento:

3. Lugar De Fallecimiento:

4. Nombre Completo Del Padre:

5. Nombre (De Soltera) Completo De La Madre:

Información de Usted (solicitante)

6. Nombre Del Solicitante:

7. Domicilio Del Solicitante:

Ciudad, Estado, y Código Postal: _____
8. Numero Telefónico: _____
9. Correo electrónico _____
10. Relación Del Solicitante al indicado en #1

11. Cual Es El Propósito Para Obtener la Acta:

Firma (Del Solicitante) _____ Fecha

● COPIA DE IDENTIFICACIÓN

Aviso: La penalidad por dar información falsa es 2-10 años de prision y \$10,000.00 de multa (Health and safety code, Chapter 195, Sec. 195.003).

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
(relationship)

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 Public
Commission Expires
Typed or Printed Name
Street Address
City, State and Zip

WARNING: IT 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 (MONEY ORDER OR CASHIER CHECK) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

**HUNT COUNTY CLERK
 VITAL RECORDS
 PO BOX 1316
 GREENVILLE TX 75403**

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