

**APPLICATION FOR DEATH CERTIFICATE
\$21.00 FOR FIRST RECORD & \$4.00 FOR EACH ADDITIONAL
CHECKS PAYABLE TO JONES COUNTY CLERK**

A PHOTOCOPY OF THE APPLICANTS CURRENT DRIVERS LICENSE MUST
ACCOMPANY APPLICATION.

NAME OF DECEASED _____
 First Middle Last

DATE OF DEATH _____
 Month/Day/Year

PLACE OF DEATH _____
 City/County/State

DATE OF BIRTH _____
 Month/Day/Year

FATHER'S FULL NAME _____
 First Middle Last

MOTHER'S FULL NAME _____
 First Middle Maiden Name

REASON FOR NEEDING THIS CERTIFICATE _____

RELATIONSHIP TO DECEASED _____

**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)**

SIGNATURE OF APPLICANT _____

ADDRESS _____

PHONE NUMBER OF APPLICANT _____

DATE _____

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.

JONES COUNTY CLERK'S OFFICE USE:

Certificate #: _____ Issued By: _____

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 on Part I as _____ and who on oath deposes and (Relationship)	
says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20 _____.	
<i>(Seal)</i>	Signature of Notary Public <hr/> Commission Expires <hr/> Typed or Printed Name <hr/> Street Address <hr/> City, State and Zip

WARNING: IT IS 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, AND A PHOTOCOPY OF YOUR VALID PHOTO ID

JONES COUNTY CLERK
P.O. BOX 552
ANSON, TEXAS 79501

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