

APPLICATION BY MAIL DEATH CERTIFICATE

Susan Winborne
Gray County Clerk
P.O. Box 1902
Pampa, Texas 79066-1902
806-669-8004

Application Fee is non-refundable and due at time of application

INSTRUCTIONS		COPIES REQUESTED	
THE FEE IS \$21.00 FOR THE FIRST COPY AND \$4.00 FOR EACH ADDITIONAL COPY OF THE SAME RECORD REQUESTED BY THE APPLICANT IN A SINGLE REQUEST AND MUST BE SUBMITTED WITH THIS APPLICATION ALONG WITH A COPY OF YOUR DRIVER'S LICENSE. PLEASE TYPE OR PRINT LEGIBLY.		DEATH CERTIFICATE(S) HOW MANY? _____ AMOUNT ENCLOSED \$ _____	
CASHIER'S CHECK OR MONEY ORDER NO PERSONAL OR BUSINESS CHECKS			
INFORMATION ABOUT PERSON WHOSE DEATH CERTIFICATE IS REQUESTED			
1. FULL NAME OF DECEASED	FIRST	MIDDLE	LAST
2. DATE OF DEATH	MONTH	DAY / YEAR	3. AGE
4. PLACE OF DEATH	CITY OR TOWN	COUNTY	STATE
5. MOTHER'S FULL NAME (Maiden)	FIRST	MIDDLE	MAIDEN/LAST
6. FATHER'S FULL NAME	FIRST	MIDDLE	LAST
PERSON REQUESTING DEATH CERTIFICATE			
7. PURPOSE FOR OBTAINING DEATH CERTIFICATE			
8. RELATIONSHIP TO PERSON NAMED IN ITEM 1 ABOVE (SELF, MOTHER, ATTORNEY, ETC.)			
9. PRINTED NAME OF APPLICANT			
10. ADDRESS OF APPLICANT	STREET ADDRESS	CITY	STATE / ZIP
11. SIGNATURE OF APPLICANT		12. PHONE NUMBER	13. DATE SIGNED
IF YOU WANT THE DEATH CERTIFICATE MAILED TO SOME OTHER PERSON, COMPLETE THIS SECTION		PLEASE COMPLETE THIS FORM AND RETURN WITH FEE AND COPY OF APPLICANT'S DRIVER'S LICENSE TO THE ADDRESS ABOVE.	
NAME		WARNING: Applicants must include the Notarized Proof of Identification on page 2. No exceptions	
STREET ADDRESS			
CITY OR TOWN	STATE		

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF DEATH AND NAMES OF PARENTS AS INFORMATION APPEARS ON DEATH APPLICATION	
FULL NAME OF PERSON ON RECORD	DATE OF DEATH
PLACE OF 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 signed by me and that the statements are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20 _____.	
Signature of Notary Public	
Commission Expires	
Typed or Printed Name	
Street Address	
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 APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO: Gray County Clerk
P.O. Box 1902
Pampa, Texas 79066-1902**

(APPLICATIONS WITHOUT PHOTO ID AND THIS NOTARIZED STATEMENT WILL NOT BE PROCESSED)