

SMITH COUNTY CLERK

200 E. FERGUSON ST. STE. 300
TYLER, TX 75702

Security Paper Initials

Vol/Pg/Doc# _____

Receipt# _____

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

\$21.00 - each additional \$4

PLEASE PRINT. WE WILL NEED TO PHOTOCOPY A VALID ID.

NUMBER OF COPIES _____

NAME ON RECORD: _____ GENDER: () MALE () FEMALE
FIRST MIDDLE LAST (last known name)

DATE OF DEATH: _____ PLACE OF DEATH: _____, TX
MONTH DAY YEAR CITY COUNTY TEXAS

FATHER: _____ MOTHER: _____
FIRST MIDDLE LAST FIRST MIDDLE LAST (MAIDEN)

APPLICANT'S INFORMATION:

YOUR NAME: _____ PHONE NUMBER: _____
FIRST MIDDLE LAST (CURRENT)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

RELATIONSHIP TO PERSON ON RECORD / I AM THE () PARENT () SIBLING () SPOUSE () CHILD
() OTHER _____
SPECIFY-MAY REQUIRE DOCUMENTATION

REASON FOR OBTAINING RECORD () ESTABLISH ID () JOB () INSURANCE () OTHER _____
SPECIFY

X _____ DATE: _____
SIGNATURE

REQUESTS BY MAIL - MAIL THIS APPLICATION, PAYMENT AND PHOTOCOPY OF YOUR VALID ID WITH AN **ORIGINAL NOTARIZED PROOF OF IDENTIFICATION** PER 84TH LEGISLATIVE SB 200 ART. 5 EFFECTIVE 09/01/2015 TO:

SMITH COUNTY CLERK, 200 E. FERGUSON ST. STE. 300 TYLER, TX 75702.

MAKE CHECK OR MONEY ORDER PAYABLE TO "SMITH COUNTY CLERK".

PLEASE ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE FOR RETURN OF CERTIFICATE

PAY BY DEBIT/CREDIT CARD: COMPLETE THE ONE TIME CREDIT/DEBIT CARD AUTHORIZATION FORM ON OUR WEBSITE AND RETURN WITH THIS APPLICATION.

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)

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)	
} [_____ (Address) (City) (State)	
who is related to _____ (Relationship)	
I declare the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20 _____.	

(Seal)

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

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MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:
Smith County Clerk
Attn. Vitals Dept.
200 E. Ferguson St., Ste 300
Tyler, Texas 75702

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