APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

Hopkins County Clerk
Debbie Shirley
128 Jefferson St. Ste.C
Sulphur Springs, TX
75482
903-438-4074

Office Use Only
First Copy @ $21.00 Additional @ $4.00
Number Requested……………………..
Total Due…………………………..$____
Certificate NO. ……………………..
Cash___ Check#______ Debit/credit ____
(Only money orders/cashier checks by mail)

WARNING: The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine of up to $10,000.00(Health & Safety Code 195.003)

Please Print:

Information Found on Death Certificate

1. Full Name on Record: (first, middle, last)

2. Date of Death:

3. Place of Death: (City, County)

4. Parent 1 Full Name: (first, middle, maiden name/last name)

5. Parent 2 Full Name: (first, middle, maiden name/last name)

Information about Applicant

6. Applicant’s Full Name:

7. Applicant’s Mailing Address:

City, State, Zip Code

8. Telephone Number: 9. Email Address

10. Applicant’s Relationship to Person Named in #1:

11. Purpose for Obtaining Record:

________________________________________
Signature of Applicant
(COPY OF APPLICANT’S PHOTO ID IS REQUIRED)  Today’s Date

For applications that are sent by mail:

The attached Notarized Proof of Identification/Affidavit of Personal Knowledge and copy of valid photo ID must be attached to this completed application or the request will not be processed.
**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**

<table>
<thead>
<tr>
<th>Full Name of Person on Record</th>
<th>Date of Birth/Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place of Birth/Death (City or County)</td>
<td>Sex</td>
</tr>
<tr>
<td>Full Name of Parent 1</td>
<td>Full Name of Parent 2</td>
</tr>
</tbody>
</table>

**PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.**

<table>
<thead>
<tr>
<th>Name and Relationship to Person on Record</th>
<th>Type and Number of ID Accepted When Notarized</th>
</tr>
</thead>
</table>

**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 _____________________________________________

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:

HOPKINS COUNTY CLERK
VITAL RECORDS
128 JEFFERSON ST. SUITE C
SULPHUR SPRINGS, TX 75482

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