JENNIFER HOFFPAUIR

County Clerk, Runnels County 613 Hutchings Ave., Rm. 106 Ballinger, Texas 76821

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE	
DEATH CERTIFICATES	
# REQUESTED	
CERTIFIED COPY X \$21.00 = \$	
EXTRA COPIES (OF SAME RECORD) X \$4.00 = \$	
TOTAL ENCLOSED \$	

PL	EA	SE	PR	INT

1. Full Name of Person	First Name:	Middle Name:	Last Name:
On Record XXXXXXXX			
2. DATE OF DEATH	Month:	Day:	Year:
3. SEX (circle one)	Male	Female	
4. PLACE OF DEATH	City or Town:	County:	State:
XXXXXXXXXXXXXX			
5. Full Name of FATHER	First Name:	Middle Name:	Last Name:
XXXXXXXXXXXXXX			
6. Full Name of MOTHER	First Name:	Middle Name:	Last Name:
XXXXXXXXXXXXXX			
7. ADDITIONAL IDENT	IFYING INFORMATION FOR	DEATH CERTIFICATE:	
Social Security Nun	nber of Deceased:		
Birth Date:		Birth Place:	
8. APPLICANT'S NAME	: <u></u>	9. TELEPHONE NO: () (Mon – Fri 8:00 – 5:00)
			(Mon – Fri 8:00 – 5:00)
10 MAILING ADDRESS	:STREET ADDRESS	CITY	STATE ZIP
II. RELATIONSHIP TO E	PERSON NAMED IN ITEM 1:		
12. PURPOSE FOR OBTA	INING THIS RECORD:	THE REPUBLICATION OF THE CONTRACT OF THE CONTR	
MAKING A FALSE STAT	Y TO FALSIFY INFORMATION O EMENT ON THIS FORM OR I YEARS IMPRISONMENT AND I 195.003).	FOR SIGNING A FORM WHIC	CH CONTAINS A FALSE
e			
·			
SIGNATURE OF	APPLICANT	DATE	

If processing this request by mail, please mail this application, payment and a photocopy of your valid photo ID to:

Jennifer Hoffpauir County Clerk 613 Hutchings Ave., Rm. 106 Ballinger, Texas 76821

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 NAM	ME OF PERSON ON RECORD		DATE OF BIRTH/	DEATH	
PLACE OF	BIRTH/DEATH (City or County)	***		SEX	
FULL NAN	ME OF PARENT 1	FULL NAM	ME OF PARENT 2		
PART II.	ENTER RELATIONSHIP TO PERSON ON RECO	RD AND THE	TYPE OF ID USED.		
N	IAME AND RELATIONSHIP TO PERSON ON RECORD	-	TYPE AND NUMBER O	F ID ACCEPTED WHEN NOTARIZED	
	AFFIDAVIT OF	PERSO	NAL KNOWLI	EDGE	
PART II	I. THIS SECTION MUST BE SIGNED IN THE PRE	ESENCE OF A	NOTARY PUBLIC.		
STATE	OF				
	Y OF				
Before m	e on this day appeared	(Nan	e)		
now resid	ding at(Address)	(City)			
who is rel	lated to the person named on Part I as(Relati	onship)		and who on oath deposes and	
says that	the contents of this affidavit are true and correct.	Signature			
Sworn to	and subscribed before me, thisday of				
			Signature	of Notary Public	
			Commi	ission Expires	
	(Seal)		Typed o	Printed Name	
7			Stre	et Address	
			City, S	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)