

**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	\$ _____

PLEASE PRINT

<b>1. Full Name of Person On Record</b> XXXXXXXXXX	First Name:	Middle Name:	Last Name:
<b>2. DATE OF DEATH</b>	Month:	Day:	Year:
<b>3. SEX (circle one)</b>	Male	Female	
<b>4. PLACE OF DEATH</b> XXXXXXXXXXXXXXXXXXXX	City or Town:	County:	State:
<b>5. Full Name of FATHER</b> XXXXXXXXXXXXXXXXXXXX	First Name:	Middle Name:	Last Name:
<b>6. Full Name of MOTHER</b> XXXXXXXXXXXXXXXXXXXX	First Name:	Middle Name:	Last Name:

7. ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE:

Social Security Number of Deceased: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

8. APPLICANT'S NAME: \_\_\_\_\_ 9. TELEPHONE NO: ( ) \_\_\_\_\_  
 (Mon - Fri 8:00 - 5:00)

10. MAILING ADDRESS: \_\_\_\_\_  
 STREET ADDRESS CITY STATE ZIP

11. RELATIONSHIP TO PERSON NAMED IN ITEM 1: \_\_\_\_\_

12. PURPOSE FOR OBTAINING THIS RECORD: \_\_\_\_\_

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 20 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000.00. (HEALTH AND SAFETY CODE, CHAPTER 195 SEC.195.003).

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DATE

IDENTIFICATION TYPE: \_\_\_\_\_  
 (Driver's License, I.D. Card, etc)

NO #: \_\_\_\_\_  
 (# on DL, I.D. Card, etc)

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

Jennifer Hoffpauir  
 County Clerk  
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