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

## # REQUESTED \_\_\_\_\_ CERTIFIED COPY X \$21.00 = \$\_\_\_\_\_ EXTRA COPIES (OF SAME RECORD) X \$4.00 = \$\_\_\_\_\_ TOTAL ENCLOSED \$\_\_\_\_\_

## PLEASE PRINT

1 22/102 1 111111				
1. Full Name of Person	First Name:	Middle Name:	Last Name:	
On Record XXXXXXXX				
2. DATE OF DEATH	Month:	Day:	Year:	
з. SEX (circle one)	Male	Female		
4. PLACE OF DEATH	City or Town:	County:	State:	
XXXXXXXXXXXXX		,		
5. Full Name of FATHER	First Name:	Middle Name:	Last Name:	
XXXXXXXXXXXXXX				
6. Full Name of MOTHER	First Name:	Middle Name:	Last Name:	
XXXXXXXXXXXXX				
7. ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE:				
Social Security Nun	nber 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				
			STATE ZIP	
11. RELATIONSHIP TO F	PERSON NAMED IN ITEM 1: _			
12. PURPOSE FOR OBTA	AINING THIS RECORD:			
MAKING A FALSE STAT	Y TO FALSIFY INFORMATION O EMENT ON THIS FORM OR F YEARS IMPRISONMENT AND A 195.003).	OR SIGNING A FORM WHICH	H CONTAINS A FALSE	
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:

County Clerk 613 Hutchings Ave., Room 106 Ballinger, Texas 76821

## NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DE/ BIRTH/DEATH CERTIFICATE	ATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON	
	DATE OF RIDTINGSATI	
FULL NAME OF PERSON ON RECORD	DATE OF BIRTH/DEATH	
DI ACE OF DIDTIVOEATH (City on County)	ISEX	
PLACE OF BIRTH/DEATH (City or County)	SEA.	
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 P	ERSONAL KNOWLEDGE	
PART III. THIS SECTION MUST BE SIGNED IN THE PRESE	INCE OF A NOTARY PUBLIC.	
STATE OF		
COUNTY OF		
Before me on this day appeared	(Name)	
now residing at(Address)		
(Address) who is related to the person named on Part I as	(City) . (State) and who on oath deposes and	
(Relationsh	nip)	
says that the contents of this affidavit are true and correct.	nature	
Sworn to and subscribed before me, this day of		
	I Signature of Notary Public	
,		
	Commission Expires	
(Seal)		
,,	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)

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

Page 2 of 2

VS-142.3(A) Rev. 09/2015