



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

**OFFICE USE ONLY**     CHECK     MONEY ORDER  
DATE \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
DOCUMENT CONTROL # \_\_\_\_\_

## MAIL APPLICATION FOR DEATH RECORD

PLEASE PRINT CLEARLY.

**INCLUDE A PHOTOCOPY OF YOUR (APPLICANT) VALID ID** WHEN SENDING IN THE REQUEST. APPLICATION MUST BE ORIGINAL (INCLUDING SIGNATURE). NO CROSS OUT OR WHITE OUT WILL BE ACCEPTED.

### Step 1: YOUR INFORMATION AND SHIPPING ADDRESS (PLEASE PRINT)

Your Name (First, Middle, Last Name, Suffix): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Your relationship to Person on Certificate (Check One):  Child  Spouse  Parent  Sibling  
 Grandparent  Funeral Home  Other \_\_\_\_\_

I authorize mailing to the address below instead of my mailing address listed above.

Name: \_\_\_\_\_

Address to Send to if different than noted above: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Reason for Request:  
 Records  Estate  Insurance  Other: \_\_\_\_\_

### Step 2: INFORMATION FOR PERSON NAMED ON DEATH RECORD (Must be completed to Identify Record Request)

FULL NAME ON RECORD:	First Name	Middle Name	Last Name
DATE OF DEATH:	Month	Day	Year
SEX:			
PLACE OF DEATH:	City or Town	County	<b>TEXAS ONLY</b>
FULL NAME OF PARENT 1:	First Name:	Middle Name	Last Name
FULL NAME OF PARENT 2:	First Name:	Middle Name	Last Name

### Step 3: COST & FEES

Select Record Type:	Qty	Price/each	Total
<input type="checkbox"/> First Death Certificate		x \$21.00	\$
<input type="checkbox"/> Additional Certificate(s)		x \$4.00	\$

### Step 4: AFFIDAVIT (NOTARY SECTION)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ (Date)

By: \_\_\_\_\_ (Printed Name of applicant acknowledging)

\_\_\_\_\_  
(Notary Public's Signature)

\_\_\_\_\_  
(Personalized Seal)

**PAYABLE BY CERTIFIED CHECK OR MONEY ORDER ONLY**  
MAIL PAYMENT AND APPLICATION TO:  
**GRAY COUNTY CLERK**  
**PO BOX 1902**  
**PAMPA, TX 79066-1902**

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR 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.)

### READ & SIGN (Applications without signatures or attached valid ID will NOT be accepted for processing)

Signature of Applicant \_\_\_\_\_ Date Signed \_\_\_\_\_