

APPLICATION FOR DEATH CERTIFICATE

MAKE CHECKS PAYABLE TO : HASKELL COUNTY CLERK

\$21.00—FOR FIRST DEATH CERTIFICATE

\$4.00—FOR EACH ADDITIONAL DEATH CERTIFICATE

NUMBER OF DEATH CERTIFICATES NEEDED: _____

A PHOTOCOPY OF THE APPLICANT'S CURRENT DRIVER LICENSE
MUST ACCOMPANY THE APPLICATION

NAME OF DECEASED _____
First _____ Middle _____ Last _____

DATE OF DEATH _____
Month/day/year _____

PLACE OF DEATH _____
City/County/state _____

FATHER'S FULL NAME _____
First _____ Middle _____ Last _____

MOTHER'S FULL NAME _____
First _____ Middle _____ Last _____

REASON FOR NEEDING DEATH CERTIFICATE _____

RELATIONSHIP TO PERSON ON RECORD _____

SIGNATURE OF APPLICANT _____

ADDRESS _____

DATE _____

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Service.

HASKELL COUNTY CLERK'S USE ONLY

Certificate: _____ Issued by: _____

CINDY WALKER, HASKELL COUNTY CLERK
PO BOX 725 HASKELL, TX 79521

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (PART III)			
STATE <u>TX</u>	COUNTY OF <u>WALKER</u>	Before me on this day appeared <u>CINDY WALKER</u> (APPLICANT NAME)	
now residing at <u>100 W. Main Street</u>		(ADDRESS)	(CITY) <u>Haskell</u>
		(STATE) <u>TX</u>	
who is related to the person named on Part I as <u>Daughter</u> (RELATIONSHIP) and who on oath deposes and says that the contents of this affidavit are true and correct.			
The applicant presented the following type and number of identification <u>SSN</u>			
APPLICANT SIGNATURE <u>CINDY WALKER</u>			
Sworn to and subscribed before me, this <u>1</u> day of <u>July</u> , 20 <u>03</u>			
Signature of Notary Public and Notary ID # <u>1234567890</u>			
Typed or Printed Name <u>CINDY WALKER</u>			
Commission Expires on <u>07/01/2008</u>			
Street Address <u>100 W. Main Street</u>			
City, State, Zip <u>Haskell, TX 79521</u>			

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 UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC 195.003.

MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO:

CINDY WALKER, HASKELL COUNTY CLERK
PO BOX 725
HASKELL, TX 79521

- Please fill out the Death Certificate Application and the Notary.
- Need a copy of a Photo ID
- And a check or Money Order of \$23.00 for the cost of the Death Certificate. Or you can call the office to make a payment over the phone.

(940) 864-2451