

BELIA ABILA

HASKELL COUNTY CLERK

PO BOX 725

HASKELL, TX 79521

belia.abila@co.haskell.tx.us

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 APPLICANTS 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

DATE OF BIRTH _____
Month/Day/Year

FATHER'S FULL NAME _____
First Middle Last

MOTHER'S FULL NAME _____
First Middle Maiden Name

REASON FOR NEEDING THIS CERTIFICATE _____

RELATIONSHIP TO DECEASED _____

**WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN
THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000.
(HEALTH AND SAFETY CODE, CHAPTER 195, SEC 195.003)**

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 Services.

HASKELL COUNTY CLERK'S USE ONLY

Certificate #: _____ Issued By: _____

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (PART III)

STATE OF _____ COUNTY OF _____ Before me on this day appeared _____
(APPLICANT NAME)

now residing at _____
(ADDRESS) (CITY) (STATE)

who is related to the person named on Part 1 as _____
(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 _____

APPLICANT SIGNATURE _____

Sworn to and subscribed before me, this _____ day of _____, 20____

Signature of Notary Public and Notary ID # _____
Typed or Printed Name _____
Commission Expires on _____
Street Address _____
City, State, 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.

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

**BELIA ABILA, HASKELL COUNTY CLERK
PO BOX 725
HASKELL, TX 79521**