APPLICATION FOR DEATH CERTIFICATE \$21.00 FOR FIRST RECORD & \$4.00 FOR EACH ADDITIONAL CHECKS PAYABLE TO JONES COUNTY CLERK

A PHOTOCOPY OF THE APPLICANTS CURRENT DRIVERS LICENSE MUST ACCOMPANY 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 ☐ 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. JONES COUNTY CLERK'S OFFICE USE:

Certificate #:_____ Issued By:_____

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH CERTIFICATE	BIRTH/DEATH, AND N	AMES OF PARENTS AS	INFORMATION APPEARS ON
L NAME OF PERSON ON RECORD DATE OF BIRTH/DEAT		Н	
PLACE OF BIRTH/DEATH (City or County)			SEX
FULL NAME OF PARENT 1	FULL NAM	E OF PARENT 2	
PART II. ENTER RELATIONSHIP TO PERSON O	N PECOPD AND THE	TYPE OF ID USED	
NAME AND RELATIONSHIP TO PERSON ON RECORD		TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED	
AFFIDAVI	T OF PERSON	IAL KNOWLED	GE .
PART III. THIS SECTION MUST BE SIGNED IN T	THE PRESENCE OF A	NOTARY PUBLIC.	
STATE OF			
COUNTY OF			
Before me on this day appeared	(Nam	e)	
now residing at(Address)	(City)		
who is related to the person named on Part I as			and who on oath deposes and
says that the contents of this affidavit are true and correct	t.		
	Signature		
Sworn to and subscribed before me, this day	of	20	
		Signature of Not	ary Public
		Commission I	Expires
(Seal)			•
(oca.)		Typed or Printe	ed Name
		Street Add	ress
		City, State ar	nd 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 SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID