

FRANKLIN COUNTY CLERK
 200 North Kaufman Street
 Mount Vernon, TX 75457

903-537-8357

countyclerk@co.franklin.tx.us

If purchasing by mail – Include a photocopy of your valid photo ID and sworn Statement.

DEATH	
1 CERTIFIED COPY X \$21 = \$21 _____ additional copies x \$4 = _____ TOTAL \$ _____ <hr/> OFFICE USE ONLY CERTIFICATE # ISSUED _____	

_____ 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.

1. Full Name of Person on Record	First Name	Middle Name	Last Name at Time of Death
2. Date of Death	Month	Day	Year
3. Sex			
4. Place of Death	City or Town	County	State
5. Full Name of Parent 1	First Name	Middle Name	Maiden Name / Last Name
6. Full Name of Parent 2	First Name	Middle Name	Maiden Name / Last Name

7. Your Name _____ 8. Phone _____

9. Email Address _____

10. Your Mailing Address _____

11. Relationship to Person Named in Item 1 _____

12. Purpose for obtaining this record _____

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)

SIGNATURE _____ DATE _____

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE

FULL NAME OF PERSON ON RECORD	DATE OF BIRTH/DEATH
PLACE OF BIRTH/DEATH (City or County)	SEX
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 PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

STATE OF _____
 COUNTY OF _____

Before me on this day appeared _____
(Name)

_____ (Address) _____ (City) _____ (State)

who is related to _____ (Relationship)

I, the undersigned, do hereby certify that the contents of this affidavit are true and correct.

Signature _____

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

(Seal)

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State and Zip

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MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

Franklin County Clerk
 200 N. Kaufman St.
 Mt. Vernon, TX 75454

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