



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	TEXAS ONLY
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 _____
 VS - 140 (3/20)

Date Signed _____