

# APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE



**SCOTT SARTAIN**  
MORRIS COUNTY CLERK  
500 BROADNAX ST., SUITE D  
DAINGERFIELD, TEXAS 75638  
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Office Use Only	
First Copy @ \$21.00	Additional @ \$4.00
Number Requested.....	_____
Total Due.....	\$_____
Certificate NO. ....	_____
Cash _____	Check# _____
	Debit/credit _____
(Only money orders/cashier checks by mail)	

**WARNING:** The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine of up to \$10,000.00(Health & Safety Code 195.003)

**Please Print:**

*Information Found on Death Certificate*

1. Full Name on Record: (first, middle, last)  
\_\_\_\_\_
2. Date of Death:  
\_\_\_\_\_
3. Place of Death: (City, County)  
\_\_\_\_\_
4. Parent 1 Full Name: (first, middle, maiden name/last name)  
\_\_\_\_\_
5. Parent 2 Full Name: (first, middle, maiden name/last name)  
\_\_\_\_\_

*Information about Applicant*

6. Applicant's Full Name:  
\_\_\_\_\_
7. Applicant's Mailing Address:  
\_\_\_\_\_  
City, State, Zip Code  
\_\_\_\_\_
8. Telephone Number: \_\_\_\_\_
9. Email Address \_\_\_\_\_
10. Applicant's Relationship to Person Named in #1:  
\_\_\_\_\_
11. Purpose for Obtaining Record:  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant  
(COPY OF APPLICANT'S PHOTO ID IS REQUIRED)

\_\_\_\_\_  
Today's Date