

# Midland County Clerk, Midland, Texas

## APPLICATION FOR DEATH CERTIFICATE/CERTIFICADO DE DEFUNCION

**\$21.00 and \$4 each additional copy. Valid ID required.**

Step 1: YOUR INFORMATION/ TU INFORMACION (PLEASE PRINT)

Your Name: Su Nombre	First Name/Primer	Middle Name/Segundo	Last Name/Apellido
Street Address/ Número y Calle:		City/Ciudad	State/Estado      Zip/Código postal
Phone Number/ Teléfono:			
<b>Your relationship to Person named on Certificate/ Su relación (Check One):</b> <input type="checkbox"/> Child/Nino <input type="checkbox"/> Spouse/Cónyuge <input type="checkbox"/> Parent/Padres <input type="checkbox"/> Sibling/ Hermano <input type="checkbox"/> Grandparent/ Abuelo <input type="checkbox"/> Legal Guardian (proof required) <input type="checkbox"/> Legal Representative (proof required) <input type="checkbox"/> Other: _____			

Step 2: INFORMATION FOR PERSON NAMED ON DEATH RECORD (Must be completed to Identify Record Requested)

Paso 2: DATOS DE LA PERSONA NOMBRADA EN EL CERTIFICADO DE DEFUNCION (obligatorios para poder localizar el documento)

FULL NAME ON RECORD: COMPLETO	First Name/Primer	Middle Name/Segundo	Last Name/Apellido (at death)
DATE OF DEATH/FECHA:	Month/Mes	Day/Dia	Year/Año
PLACE OF DEATH/ LUGAR:	City/Ciudad <b>MIDLAND ONLY</b>	County/ Condado <b>MIDLAND ONLY</b>	State/Estado <b>TEXAS ONLY</b>
FULL NAME OF PARENT 1/ DEL PADRE 1:	First Name/Primer	Middle Name/Segundo	Last Name/Apellido (Before first marriage)
FULL NAME OF PARENT 2/ DEL PADRE 2:	First Name/Primer	Middle Name/Segundo	Last Name/Apellido (Before first marriage)

Your Signature/

Su firma: \_\_\_\_\_ Date/Fecha \_\_\_\_\_

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 & Human Services.

Deseo hacer un donativo voluntario de 5 dólares para promover una \$5.00 infancia saludable con mi apoyo al Programa de Visitas Domiciliarias de Texas, administrado por la Oficina de Servicios para la Primera Infancia de Salud y Servicios Humanos.

**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 & Safety Code, Chapter 195, Sec. 195.003)**

**ADVERTENCIA: ES UN DELITO GRAVE FALSIFICAR INFORMACIÓN EN ESTE DOCUMENTO. LA PENA POR DAR INTENCIONALMENTE INFORMACIÓN FALSA EN ESTE FORMULARIO O FIRMAR UN FORMULARIO QUE CONTENGA INFORMACIÓN FALSA ES DE 2 A 10 AÑOS DE PRISIÓN Y UNA MULTA DE HASTA 10,000 DÓLARES (CÓDIGO DE SALUD Y SEGURIDAD DE TEXAS, CAPÍTULO 195, SECCIÓN 195.003).**

-----FOR OFFICE USE ONLY-----

ID Type and # \_\_\_\_\_ Deputy Clerk \_\_\_\_\_

Year DC Recorded: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Control #: \_\_\_\_\_ Vol/Pg: \_\_\_\_\_

**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)

now residing at \_\_\_\_\_  
(Address) (City) (State) (Zip)

Who is related to the person named on Part I as \_\_\_\_\_ and who on oath deposes  
(Relationship)

and says that the contents of this affidavit are true and correct.

Signature \_\_\_\_\_

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

(Please place notary stamp in space below)

**Matricula card is not an acceptable form  
Of identification**

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Commission Expires

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and 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 \$10,000.00. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

**MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT (MONEY ORDER OR CASHIER CHECK) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:**

**MIDLAND COUNTY CLERK, VITAL RECORDS  
PO BOX 1350, MIDLAND, TEXAS 79702**

**\*APPLICATION WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED**