APPLICATION FOR DEATH CERTIFICATE
$21.00 FOR FIRST RECORD & $4.00 FOR EACH ADDITIONAL
CHECKS PAYABLE TO SHERMAN 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 _____

DATE _____

SHERMAN COUNTY CLERK'S OFFICE USE:

Certificate #:_____ Issued By: _____