

**FOR OFFICE USE ONLY**

Number of Copies \_\_\_\_\_  
 \$21.00 \_\_\_\_\_  
 Additional Copies \_\_\_\_\_  
 @ \$4.00 each \_\_\_\_\_  
 Certificate # \_\_\_\_\_  
 Number Issued \_\_\_\_\_  
 Total Due \$ \_\_\_\_\_

CASH CREDIT/DEBIT

**Kelley Price, Wood County Clerk**

P.O. Box 1796  
 Quitman, TX 75783  
 Tel: (903) 763-2711  
 Fax: (903) 763-5641  
 EMAIL: [kprice@co.wood.tx.us](mailto:kprice@co.wood.tx.us)

**APPLICATION FOR A CERTIFIED COPY OF A DEATH CERTIFICATE**

**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 AND SAFETY CODE, CHAPTER 195 SEC 195.003)**

PLEASE PRINT

1. FULL NAME OF PERSON ON RECORD	FIRST	MIDDLE	LAST
2. DATE OF DEATH	MONTH	DAY/YEAR	3. GENDER
4. PLACE OF DEATH	CITY/TOWN	COUNTY	STATE
5. FULL NAME OF FATHER	FIRST	MIDDLE	LAST
6. FULL MAIDEN NAME OF MOTHER	FIRST	MIDDLE	LAST (MAIDEN)

**APPLICANTS INFORMATION**

7. Your Name \_\_\_\_\_ 8. Telephone \_\_\_\_\_

9. Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

10. Relationship to Person \_\_\_\_\_

11. Purpose of Obtaining Record \_\_\_\_\_

Copy of Applicants ID is REQUIRED. No personal checks, payment must be cash, money order, cashier's check or debit/credit card. (A processing fee is charged on all debit/credit cards)

**\*\*\*\*By signing this form you are swearing that all information is true and correct and that you agree to the non-refundable search fee if the record is not found for any online search\*\*\*\***

Your Signature \_\_\_\_\_ Date \_\_\_\_\_