

**BARBARA VANSA, MILAM COUNTY CLERK  
107 West Main Street, Cameron, TX 76520  
254-697-7049**

**APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATES**

**PHOTO IDENTIFICATION REQUIRED**

**\$21.00 For the First One and \$4.00 for each additional per request, per deceased**

**NO REFUNDS**

**\*\*Documents are mailed via U.S. Mail. Clerk's office is not responsible for misdirected mail. \*\***

Full Name of Person on Record	First Name	Middle Name	Last Name
Date of Death	Month	Day	Year
Place of Death	City or Town	County MILAM	State TEXAS
Full Name of Parent 1	First Name	Middle Name	Maiden Name/Last Name
Full Name of Parent 2	First Name	Middle Name	Maiden Name/Last Name

Requestor Name	Telephone#	Email Address
Mailing Address	City	State & Zip
Relationship to person listed above	Purpose for obtaining this record	

**I authorize mailing to the address below. I have verified that the address below will receive my order.**

Name of Person Receiving Copies, if Different from Requestor		
Mailing Address for Copies, if Different from Requestor		
City	State	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)**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

COUNTY CLERK'S INFORMATION

Volume \_\_\_\_\_ Page \_\_\_\_\_ Certificate \_\_\_\_\_

Payment \$ \_\_\_\_\_ Cash CK MO CC Receipt# \_\_\_\_\_ Received By: \_\_\_\_\_

## NOTARIZED PROOF OF IDENTIFICATION

<b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b>			
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	

<b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

## AFFIDAVIT OF PERSONAL KNOWLEDGE

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>						
STATE OF _____						
COUNTY OF _____						
Before me on this day appeared _____ (Name)						
now residing at _____ (Address) _____ (City) _____ (State)						
who is related to the person named on Part I as _____ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.						
Signature _____						
Sworn to and subscribed before me, this _____ day of _____, 20 _____.						
(Seal)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Signature of Notary Public</td></tr> <tr><td style="text-align: center;">Commission Expires</td></tr> <tr><td style="text-align: center;">Typed or Printed Name</td></tr> <tr><td style="text-align: center;">Street Address</td></tr> <tr><td style="text-align: center;">City, State and Zip</td></tr> </table>	Signature of Notary Public	Commission Expires	Typed or Printed Name	Street Address	City, State and Zip
Signature of Notary Public						
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Street Address						
City, State and Zip						

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MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

**BARBARA VANSA**  
**MILAM COUNTY CLERK**  
**107 WEST MAIN**  
**CAMERON, TEXAS 76520**

(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)