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	First Name		Middle Name			Last Name	
Record							
	Month		Day	Year		3. Sex	
Date of Death							
Place of Death	City or Town		County			State	
	Final		MILAM			TEXAS	
Full Name of	First Name		Middle Na	Middle Name		Maiden Name/Last Name	
Parent 1	First Name		N. O. I. II. A. I.	AP-LIII NI sees se			
Full Name of	First Name		Middle Na	Middle Name		Maiden Name/Last Name	
Parent 2							
Poguester Name		Tolonhono#			- I - Ema	il Addraga	
Requestor Name		Telephone#			Email Address		
Mailing Address		O:h.				State & Zip	
Mailing Address		City			State	e & Zip	
	P 4 1 1						
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Relationship to person	on listed above	Purpose for	bbtaining this	record			
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NOTARIZED PROOF OF IDENTIFICATION

			WEODMATION APPEARS ON		
PART I. ENTER NAME, DATE AND PLACE OF BIRTH BIRTH/DEATH CERTIFICATE	/DEATH, AND NAM				
FULL NAME OF PERSON ON RECORD		DATE OF BIRTH/DEATH			
LACE OF BIRTH/DEATH (City or County)			SEX		
		OF DADENT O			
FULL NAME OF PARENT 1	FULL NAME	OF PARENT 2			
PART II. ENTER RELATIONSHIP TO PERSON ON REC					
NAME AND RELATIONSHIP TO PERSON ON RECOR	D TYF	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED			
	E DEDCOM	AL KNOW! ED	GE		
AFFIDAVII O	PERSONA	AL KNOWLED	GE		
PART III. THIS SECTION MUST BE SIGNED IN THE P	RESENCE OF A N	OTARY PUBLIC.			
STATE OF					
			•		
COUNTY OF					
Before me on this day appeared	(Name)				
now residing at(Address)	(City)	(State)	and who on oath deposes an		
	elationship)		4,10		
says that the contents of this affidavit are true and correct.	Cimakura				
Sworn to and subscribed before me, this day of		, 20 Signature of N	Notary Public		
		Oignature or .	,		
		Commission	on Expires		
(Seal)					
(Seary		Typed or Pri	inted Name		
		Street A	Address		
		City, State	e 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. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

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

MILAM COUNTY CLERK 107 WEST MAIN CAMERON, TEXAS 76520

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