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.**

<table>
<thead>
<tr>
<th>Full Name of Person on Record</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Death</td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
</tr>
<tr>
<td>Place of Death</td>
<td>City or Town</td>
<td>County</td>
<td>MILAM</td>
</tr>
<tr>
<td>Full Name of Parent 1</td>
<td>First Name</td>
<td>Middle Name</td>
<td>Maiden Name/Last Name</td>
</tr>
<tr>
<td>Full Name of Parent 2</td>
<td>First Name</td>
<td>Middle Name</td>
<td>Maiden Name/Last Name</td>
</tr>
</tbody>
</table>

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(s) ____________ Total _______

Payment $ __________ Cash CK MO CC Received By: ___________________________
# 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

<table>
<thead>
<tr>
<th>FULL NAME OF PERSON ON RECORD</th>
<th>DATE OF BIRTH/DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PLACE OF BIRTH/DEATH (City or County)</th>
<th>SEX</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FULL NAME OF PARENT 1</th>
<th>FULL NAME OF PARENT 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.

<table>
<thead>
<tr>
<th>NAME AND RELATIONSHIP TO PERSON ON RECORD</th>
<th>TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 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)

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___

Signature of Notary Public

(Seal)

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

Milam County Clerk
107 West Main
Cameron, TX 76520

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

1. **One (1) item from Group A or**
2. **Two (2) items from Group B or**
3. **Three (3) items: one (1) item from Group B PLUS two (2) items from Group C**

**1 Group A - PRIMARY ACCEPTABLE ID - Please provide one (1) of Group A ID.**

*Note: The applicant’s identification must contain the applicant’s name and photograph that establishes the applicant’s identity. [TAC 181.28(i)(10)(C)]*

- Driver’s License;
- Federal or State Identification card;
- Federal, State or City law enforcement employment identification card, or employment badge accompanied by employment identification card;
- Offender Identification card issued by the Department of Criminal Justice correctional facility or institution;
- Military Identification card;
- Department of Homeland Security, United States Citizenship and Immigration Services (USCIS) issued:
  - Employment Authorization Document (EAD);
  - Permanent Resident Card (green card);
  - Travel Documents:
    - Re-entry Permit;
    - Refugee Travel Permit; or
    - Advance Parole.
  - SENTRI Card; or
  - U.S. Citizen Identification Card.
- United States Department of State issued:
  - Border Crossing Card (B1 for business or pleasure or B2 medical purposes); or
  - Visa
- Concealed Handgun License;
- Pilot’s license; or
- United States Passport.

**2 Group B - SECONDARY ACCEPTABLE ID - Please provide two (2) of Group B ID’s**

*Note: At least one of the documents must contain the applicant’s name, signature, or identifiable photo of the applicant. [TAC 181.28(i)(11)(C)]*

- Current student identification;
- Any Primary Identification that is expired
- Signed Social Security card, or Numident;
- DD Form 214 Certificate of Release;
- Medicaid card or Medicare card;
- Veterans Affairs card;
- Medical Insurance card;

**Group C - SUPPORTING DOCUMENTS - Please provide One (1) from Group B and (2) TWO FROM GROUP C**

- Recent Utility bill with current address
- Recent Paycheck stub
- Public assistance applications or letters
- Signed valid voter’s registration card
- Police report of stolen identification
- Official School transcript
- Bank account statement
- Social security letter
- Marriage license
- Divorce decree
- Certified birth certificate from a state other than Texas, District of Columbia or other country
- Automobile insurance card or contract
- Lease agreement
- Loan or installment payment contract
- Promissory notes or loan contracts
- Court order
- Property titles or liens
- Automobile titles
- Library card
- Fishing or hunting license
- Recent Medical records and bills
- Auto registration
- Religious records w/signature of religious official
- Expired secondary document
- Recent Rent receipt with address and name
- Recent Cell phone bill or contract
- Federal, state, or local tax records
- Dept. of Homeland Security Notices or correspondence