



# COUNTY CLERK

*Hill County*

NICOLE TANNER

P.O. Box 398  
Hillsboro, Texas 76645

Phone 254-582-4030

## NOTICE:

As of September 1, 2015 when mailing in an application for birth or death records a signed affidavit is required.

*According to* **Senate Bill 200, Article 5 amended Section 191.0031 of the Texas Health and Safety Code (HSC) to state that the state registrar or a local registrar may not issue a certified copy of a record to a person who has applied for the record by mail unless the person has provided notarized proof of identity.**

Nicole Tanner, Hill County Clerk

## 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)*

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State 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:

Hill County Clerk  
P.O. Box 398  
Hillsboro, TX 76645

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



Nicole Tanner  
Hill County Clerk  
P. O. Box 398

Hillsboro, Texas 76645

Application for Certified Copy of Death Certificate  
(Application para registro de fallecimiento)

\_\_\_\_\_ First Copy @ \$21.00 \_\_\_\_\_ Addt'l @ \$4.00  
Vol. \_\_\_\_\_ Page \_\_\_\_\_

Death Form # \_\_\_\_\_  
Deputy \_\_\_\_\_

Full Name of Person on Record (Nombre registrado)	First Name (Primero)	Middle Name (Segundo)		Last Name (Apellido)
Date of Death (Fecha De Fallecimiento)	Month (Mes)	Day (Dia)	Year (Año)	Male (Niño) or Female (Niña)
Place of Death (Lugar de Fallecimiento)	City or Town (Ciudad)	County (Condado)		State (Estado)
Full Name of Father (Nombre de Padre)	First Name (Primero)	Middle Name (Segundo)		Last Name (Apellido)
Full MAIDEN Name of Mother (Nombre de Madre)	First Name (Primero)	Middle Name (Segundo)		Maiden Last Name (Apellido)

Applicant's Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
(Su Nombre) (No. De Telefono)

Mailing Address \_\_\_\_\_  
(Direccion) Street Address (No. Calle) City (Ciudad) State (Estado) Zip (Codigo)

Relationship to Person on Certificate \_\_\_\_\_ Maternal or Paternal (Materno or Paterno)  
(Su relacion a la persona registrada)

Purpose for Obtaining this Certificate \_\_\_\_\_  
(Su proposito obtener el registro)

Death records are confidential for 25 years; therefore, issuance is restricted. The record may be obtained when sufficient information for identification is provided.

Administrative rules require that on restricted records, all identifying information must be provided in order to issue such a record being requested along with a **Xerox copy of the identification** from the person requesting the record and signed affidavit.

\_\_\_\_\_  
Signature of Applicant (Su Firma)

\_\_\_\_\_  
Date (Fecha)

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. (Health & Safety Code – Ch. 195, Sec. 195.003)

Advertencia: La pena por hacer alguna falsa delaracion en esta forma puede ser de 2-10 anos en prision y una multa hasta \$10,000. En acuerdo conCodigo de salud y seguridad, capitulo 678, seccion 195.003.