

ELLIS COUNTY CLERK'S OFFICE

DEATH CERTIFICATE REQUEST BY MAIL

A **Death** Record is public information and available to the public on or after the 25th anniversary of the date of death as shown on the record filed with the Bureau of Vital Statistics or local registration official.

Government Code 552.115 (a) (2).

Instructions to obtain a DEATH Certificate:

- Complete the section of the application labeled DEATH.
 1. Enter number of Death Certificate copies being purchased. The 1st certified copy is \$21.00. Additional copies of the same record are \$4.00 each.
 2. Enter the first name, middle name and last name of the person on the certificate.
 3. Enter the date of death and place of death information.
 4. Enter Parent 1's first name, middle name and last name given at birth.
 5. Enter Parent 2's first name, middle name and last name given at birth.
- Enter your relationship to the person on the record that is being requested.
- Enter a specific reason why the record is being obtained.
- Sign the request.
- Enter a return mail address.
- Enter a daytime phone number where you can be reached.
- Photocopy of your valid, U.S. government issued identification.
- **NOTARIZED proof of Identification (form attached)**

Please include **\$21.00** per copy plus \$4.00 for each additional copy of the same record, in the form of a cashier's check or money order, we **DO NOT** accept personal checks. Mail to:

**Ellis County Clerk
P.O. Box 250
Waxahachie, Texas 75168**

If the record is found, we will send you a certified copy. If no record is found, the fee is obtained for a search fee.

No personal checks. If using a credit/debit card there will be a 2.4% surcharge or \$2 minimum.



Customer understands an Abstract Birth Certificate may not be suitable for a passport or other purposes.
Signature: _____

Krystal Valdez, County Clerk
109 S. Jackson St., Waxahachie, TX 75165 - Phone Number: (972) 825-5070

BIRTH OR DEATH APPLICATION (TEXAS ONLY)

Please see back of form for complete instructions and eligibility requirements

A NON-REFUNDABLE SEARCH FEE WILL APPLY FOR ALL RECORDS NOT FOUND

\$23.00 Birth Certificate Search Fee - \$21.00 Death Certificate Search Fee *Health and Safety Code 191.0045

BIRTH / NACIMIENTO

EACH CERTIFIED COPY: \$23.00

NUMBER OF COPIES: _____

*Abstract Birth Certificate will be issued if Ellis County is not the local Registrar

First Name – Primer Nombre	Middle Name – Segundo Nombre	Last Name Given at Birth– Apellido de Nacimiento
Date of Birth – Fecha de Nacimiento	Place of Birth – Lugar de Nacimiento	Born at Home or Hospital (circle one) Nacido en Casa o Hospital (circular uno)
Parent 1 First Name – Primer Nombre de Padre 1	Middle Name – Segundo Nombre	Last Name Given at Birth – Apellido de Nacimiento
Parent 2 First Name – Primer Nombre de Padre 2	Middle Name – Segundo Nombre	Last Name Given at Birth – Apellido de Nacimiento

DEATH / DEFUNCION

FIRST CERTIFIED COPY: \$21.00

NUMBER OF COPIES: _____

ADDITIONAL CERTIFIED COPIES OF THE SAME RECORD ARE \$4.00 EACH

First Name – Primer Nombre	Middle Name – Segundo Nombre	Last Name – Apellido
Date of Death – Fecha de Defuncion	Place of Death – Lugar de Defuncion	
Parent 1 First Name – Primer Nombre de Padre 1	Middle Name – Segundo Nombre	Last Name Given at Birth – Apellido de Nacimiento
Parent 2 First Name – Primer Nombre de Padre 2	Middle Name – Segundo Nombre	Last Name Given at Birth – Apellido de Nacimiento

APPLICANT INFORMATION / INFORMACION DEL SOLICITANTE

Name/Nombre: _____

Reason for obtaining certificate/Razon para obtener el registro: _____

Relationship to the person on certificate/Su relacion a la persona en el registro: _____

Address/City/State/Zip – Domicilio/Ciudad/Estado/Codigo Postal

Telephone Number/Numero de Telefono

Signature/Firma

Date/Fecha

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000.00 (Health and Safety Code, Ch. 195, Sec. 195.003)

Date Issued: _____ Credit Card Conf. # _____

Issued: _____ Issuing Clerk: _____ Certificate #(s): _____

A **Birth** Record is public information and available to the public on or after the 75th anniversary of the date of birth as shown on the record filed with the Bureau of Vital Statistics or local registration official.
Government Code 552.115 (a) (1).

Instructions to obtain a Texas BIRTH Certificate:

- Complete the section of the application labeled BIRTH.
 1. Enter Number of Birth Certificates being purchased. Each certified copy is \$23.00.
 2. Enter the first name, middle name and last name of the person on the certificate.
 3. Enter the date of birth and place of birth information.
 4. Enter Parent 1’s first name, middle name and last name given at birth.
 5. Enter Parent 2’s first name, middle name and last name given at birth.
- Enter your relationship to the person on the record that is being requested.
- Enter a specific reason why the record is being obtained.
- Sign the request.
- Enter a mailing address.
- Enter a daytime phone number where you can be reached.
- You must show valid, U.S. government issued identification.

A full reproduction of the original Birth Certificate will be issued if Ellis County is the local registrar.

An Abstract Birth Certificate will be issued if the birth occurred in another Texas county.

A **Death** Record is public information and available to the public on or after the 25th anniversary of the date of death as shown on the record filed with the Bureau of Vital Statistics or local registration official.
Government Code 552.115 (a) (2).

Instructions to obtain a DEATH Certificate:

- Complete the section of the application labeled DEATH.
 6. Enter number of Death Certificate copies being purchased. The 1st certified copy is \$21.00. Additional copies of the same record are \$4.00 each.
 7. Enter the first name, middle name and last name of the person on the certificate.
 8. Enter the date of death and place of death information.
 9. Enter Parent 1’s first name, middle name and last name given at birth.
 10. Enter Parent 2’s first name, middle name and last name given at birth.
- Enter your relationship to the person the record that is being requested.
- Enter a specific reason why the record is being obtained.
- Sign the request.
- Enter a mailing address.
- Enter a daytime phone number where you can be reached.
- You must show valid, U.S. government issued identification.

Who can obtain certified copies of a Birth or Death Certificate?

- The registrant or an immediate family member (Parents, children, spouses, siblings, legal guardian or grandparents of the registrant. TAC, Title 25, Rule 181.13 (13)
Note: a father or paternal grandparent may not obtain his child’s Birth Certificate if the fathers name is not listed on the record unless a certified copy of a court order that names him as the father can be provided.
- If you are not an immediate family member, you must provide a certified copy of legal documentation that states the requestor’s direct and tangible interest in the record.

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

FULL NAME OF PERSON ON RECORD		DATE OF BIRTH/DEATH
PLACE OF BIRTH/DEATH (City or County)		SEX
NAME OF PARENT 1 GIVEN AT BIRTH	NAME OF PARENT 2 GIVEN AT BIRTH	

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

NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

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 _____ and who on oath deposes and
(Relationship)
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:

Krystal Valdez
Ellis County Clerk
P.O. Box 250
Waxahachie, Texas 75168

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