

Please find attached below our application for certified copy of BIRTH / DEATH certificate.

**Complete Form**

**Copy of applicant's valid photo id**

**Must be notarized**

Send Money Order or Cashier's Check (Payable to: **Mitchell County Clerk**)

To pay by Credit Card: Call (866) 539-2020 or log into [www.certifiedpayments.net](http://www.certifiedpayments.net)

Enter Bureau Code: 4332059

Type of Document: CC BC or CC DC

\$23.00 Birth

\$21.00 Death, \$4.00 each additional certified copy at time of purchase

\*4% convenience fee will be added automatically by Certified Payments\*

Include Payment ID

*Mitchell County Clerk*

*349 Oak Street, Room 103*

*Colorado City, TX 79512*

*(325) 728-3481*

*[ckern@co.mitchell.tx.us](mailto:ckern@co.mitchell.tx.us)*



# Mitchell County

349 Oak St., Room 103, Colorado City TX 79512

## DEATH Certificate Application

**PRINT, MUST be notarized, MUST provide valid photo id**

**Cash, Credit Card + 4% convenience fee or Check Payable to: Mitchell County Clerk**

### DEATH RECORD INFORMATION

Full Name of Person on Record	First Name	Middle Name	Last Name
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Date of Death	Month / Day / Year
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Place of Death	City or Town	County <b>MITCHELL only</b>	State <b>TEXAS only</b>
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

Your Relationship to Person named on Certificate: Spouse Parent Other (Specify) \_\_\_\_\_

Reason for Request: Records Estate Insurance Other \_\_\_\_\_

### YOUR INFORMATION AND SHIPPING ADDRESS

Your Name	Telephone #	Email
Full Mailing Address	Street Address	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. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)**

<u>Cost &amp; Fees</u>	<u>Qty</u>	<u>Price</u>
Certified Copy - Local only		\$21.00
Additional copies \$4.00 each		\$4.00
Plastic Protective Sleeve		\$3.00
	TOTAL	

Affidavit

State of \_\_\_\_\_  
County of \_\_\_\_\_

This instrument was acknowledged before me on  
\_\_\_\_/\_\_\_\_/\_\_\_\_

by \_\_\_\_\_  
(Name of person acknowledging)

\_\_\_\_\_  
(Notary Public's Signature)

SEAL

Mail to: **Mitchell County Clerk**  
**349 Oak Street, Room 103**  
**Colorado City, TX 79512**

Your Signature \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

VS-140 (9/18)

OFFICE USE ONLY	Death Certificate # _____	Document Control # _____
Cash Check Money Order Credit Card	Filed by _____	