



ACCEPTED FORMS OF PAYMENT INCLUDE:  
CASHIERS CHECK, MONEY ORDER,  
OR BUSINESS CHECKS; NO PERSONAL CHECKS

## Cynthia Mitchell

### County Clerk

Denton County Courts Building  
1450 E. McKinney, 1<sup>st</sup> Floor, Denton  
P.O. Box 2187, Denton, Texas 76202

Application for certified copy of BIRTH or DEATH Certificate

### BIRTH

# OF CERTIFIED COPIES \_\_\_\_\_ X \$23.00 = \$ \_\_\_\_\_

### DEATH

# OF CERTIFIED COPIES \_\_\_\_\_ X \$ 21.00 = \$ \_\_\_\_\_

# OF EXTRA COPIES OF SAME DEATH RECORD  
\_\_\_\_\_ X \$ 4.00 = \$ \_\_\_\_\_

**TOTAL ENCLOSED \$ \_\_\_\_\_**

**Please Print All  
Information  
Spanish on Back**

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	Day	Year
3. Sex			
4. Place of Birth or Death	City or Town	County	State
5. Full Name of Father	First Name	Middle Name	Last Name
6. Full Maiden Name of Mother	First Name	Middle Name	Last Name (Maiden)

7. Applicant's Name : \_\_\_\_\_ 8. Phone Daytime: \_\_\_\_\_ / \_\_\_\_\_

9. Mailing Address: \_\_\_\_\_  
City State ZIP Code

10. Relationship to Person in Item 1: \_\_\_\_\_

11. Purpose for obtaining this record: \_\_\_\_\_

**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. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Type of Identification: (Photocopy Attached): \_\_\_\_\_ Number: \_\_\_\_\_

**NO PERSONAL CHECKS ACCEPTED**