



Heather Henigan, County Clerk
P.O. Box 1365
200 W. Houston Rm. 143
Marshall, Texas 75671

OFFICE USE ONLY

Date Issued _____ Certificate #(s) _____
Payment: Cash Card _____
Check #: _____
Receipt # _____
Clerk Initials _____

DEATH CERTIFICATE REQUEST FORM

Funeral Home Name

Address

Phone

	Name of Deceased	Date of Death	# of Certificates	Cost
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				

TOTAL AMOUNT PAID \$ _____

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 AND SAFETY CODE, CHAPTER 195.003)

As Funeral Director representing the above Funeral Home, we are requesting the above certified copies of the Death Certificate(s) on behalf of the family. I have attached a copy of my ID and Funeral Director License per state requirements. If an employee of the funeral home is picking up the certificates, they will present to the clerk, their valid ID and funeral home ID or personalized business card.

Funeral Director Name

Funeral Director Signature

Date