



DIANE DAY
AUSTIN COUNTY CLERK

APPLICATION FOR CERTIFIED COPY OF A DEATH CERTIFICATE

PLEASE PRINT

_____ Certified Copy – First Copy \$21.00 each
_____ Additional Copies \$4.00 each
_____ Texas Home Visiting \$5.00

1. **NAME OF DECEASED:** _____
(NOMBRE DEL FALLECIDO) FIRST MIDDLE LAST
2. **DATE OF DEATH** _____ MALE _____ FEMALE _____
(FECHA DE FALLECIMIENTO)
3. **PLACE OF DEATH** _____
(LUGAR DEL FALLECIMIENTO) CIUDAD CITY CONDADO COUNTY
4. **FATHER'S NAME** _____
PADRE FIRST MIDDLE LAST
5. **MOTHER'S NAME** _____
MADRE FIRST MIDDLE MAIDEN NAME
6. **APPLICANT'S NAME** _____
NOMBRE
7. **DAY TIME TELEPHONE #** (_____) _____
TELEFONO #
8. **MAILING ADDRESS** _____
SU DIRECCION STREET CITY STATE ZIP
9. **RELATIONSHIP TO PERSON NAMED IN ITEM # 1** _____
RELACION A LA PERSONA
10. **PURPOSE FOR OBTAINING RECORD** _____
RAZON DE CONSEGUIR DE REGISTRO

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)

X _____
SIGNATURE OF APPLICANT/ FIRMA DATE/ FECHA

OFFICE USE ONLY

CERTIFICATE NO. _____ ISSUERS NAME _____
TYPE OF I.D. GIVEN _____

**** ATTACH A COPY OF APPLICANT'S IDENTIFICATION**