



**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 each

1. **NAME AT DECEASED** \_\_\_\_\_  
(NOMBRE DEL FALLECIDO) FIRST MIDDLE LAST
2. **DATE OF DEATH** \_\_\_\_\_ **MALE** \_\_\_\_\_ **FEMALE** \_\_\_\_\_  
(FECHA DE FALLECIMIENTO)
3. **PLACE OF DEATH** \_\_\_\_\_  
(LUGAR DE 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**

**BLANK**

This blank page is to ensure that notarized affidavit (VS-142.3(A)) does not print on the reverse side of the application (VS-142.3).

# 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

FULL NAME OF PARENT 1

FULL NAME OF PARENT 2

## 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 in Part 1 as \_\_\_\_\_ and who on oath  
(relationship)

deposes and says that the contents of this affidavit are true and correct.

Signature \_\_\_\_\_

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Please place notary stamp in place below)

Signature of Notary Public

Commission Expires

Typed or Printed Name

Street Address

City, State, and Zip

**WARNING: IT'S 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.185.003)**

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT (MONEY ORDER OF CASHIER CHECK) AND PHOTOCOPY OF YOUR VALID PHOTO ID TO:

AUSTIN COUNTY CLERK  
265N. Chesley Street, Ste. 7  
Bellville, TX 77418

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