DIANE DAY
AUSTIN COUNTY CLERK
APPLICATION FOR DEATH RECORD

PLEASE PRINT

_____ Certified Copy – First Copy $21.00 each

_____ Additional Copies $4.00 each

_____Death Verification Letter $20.00 each

_____ Texas Home Visiting $5.00

1. **NAME OF DECEASED:** _____
   (NOMBRE EN EL NACIMIENTO) FIRST MIDDLE LAST
2. **DATE OF DEATH** _____ MALE _____ FEMALE _____
   (FECHA DE NACIMIENTO)
3. **PLACE OF DEATH**_____
   LUGAR DEL NACIMIENTO 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****