



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)