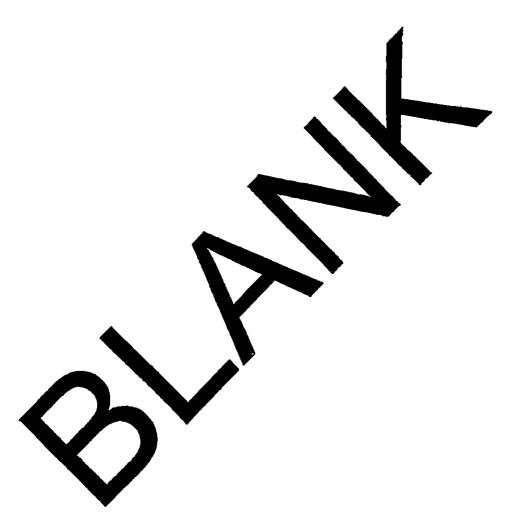
CARRIE GREGOR AUSTIN COUNTY CLERK APPLICATION FOR CERTIFIED COPY OF A DEATH CERTIFICATE

PLEASE PRINT

	Certified Copy - First Copy	\$21.00 each	
	Additional Copies Donation – Texas Home Visiting Program	\$4.00 Each \$5.00	
1.	NAME OF		
	DECEASED:		
	FIRST	MIDDLE	LAST
2.	DATE OF		
	DEATH:	MALE	FEMALE
3.	PLACE OF		
	DEATH:CITY		
	CITY	C	DUNTY
4.	FATHER:		T A COT
	FATHER:FIRST	MIDDLE	LAST
5.	MOTHER) (IDDI II	A CATINETAL ALABATE
	FIRST	MIDDLE	MAIDEN NAME
6.	APPLICANT'S NAME:		
7.	DAYTIME #: ()		
8.	MAILING ADDRESSSTREET		
	STREET	CITY	STATE ZIP
9.	RELATIONSHIP TO # 1:		
10.	. PURPOSE FOR OBTAINING RECORD:	·	
W.	ARNING: The penalty for knowingly making a j	false statement on th	is form can be 2-10 years in
pri	ison and a fine of up to \$10,000. (Health and Safe	ty Code, Chapter 195	, Sec. 195.003)
	·		
X	<u> </u>		
SI	GNATURE OF APPLICANT		DATE
	OFFICE US	SE ONLY	<u></u>
		-	
CE	ERTIFICATE #:	ID:	ISSUER:



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

ON BIRTH/DEATH CERTIFICATE	th, and names of parents as information appears
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 RECOR	O AND THE TYPE OF ID USED.
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZE
AFFTDAVIT OF PE	RSONAL KNOWLEDGE
PART III. THIS SECTION MUST BE SIGNED IN THE PRESE	
STATE OF	
COUNTY OF	
Before me on this day appeared(name)	÷
(name)	
now residing at(Address) (City	y) (State)
who is related to the person named in Part I as	and who on oath deposes
(leta	dionship)
and says that the contents of this affidavit are true and correct	
₹°	
and says that the contents of this affidavit are true and correct Swom to and subscribed before me, thisday of	Signature
and says that the contents of this affidavit are true and correct Swom to and subscribed before me, thisday of	Signature
₹°	Signature, 20,
and says that the contents of this affidavit are true and correct Swom to and subscribed before me, thisday of	Signature, 20, Signature of Notary Public
and says that the contents of this affidavit are true and correct Swom to and subscribed before me, thisday of	Signature
and says that the contents of this affidavit are true and correct Swom to and subscribed before me, thisday of	Signature

WARNING: IT 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. 186.003)

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

Austin County Clerk 265 N. Chesiey Street, Ste. 7 Beliville, TX 77418

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