

**CARRIE GREGOR
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
_____ Donation – Texas Home Visiting Program	\$5.00

1. NAME OF DECEASED: _____

FIRST	MIDDLE	LAST
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2. DATE OF DEATH: _____

MALE _____	FEMALE _____
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3. PLACE OF DEATH: _____

CITY	COUNTY
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4. FATHER: _____

FIRST	MIDDLE	LAST
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5. MOTHER _____

FIRST	MIDDLE	MAIDEN NAME
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6. APPLICANT'S NAME: _____
7. DAYTIME #: (_____) _____
8. MAILING ADDRESS _____

STREET	CITY	STATE	ZIP
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9. RELATIONSHIP TO # 1: _____
10. PURPOSE FOR OBTAINING RECORD: _____

WARNING: The penalty for knowingly making a false statement on 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 DATE

_____ OFFICE USE ONLY _____

CERTIFICATE #: _____ ID: _____ ISSUER: _____

**** 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 I as _____ and who on oath deposes (relationship)	
and says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20 ____.	
<i>(Please place notary stamp in space below)</i>	
Signature of Notary Public	
Commission Expires	
Typed or Printed Name	
Street Address	
City, State and Zip	

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 193, SEC. 185.003)

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. Chesley Street, Ste. 7
Bellville, TX 77418

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