

**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

2. DATE OF DEATH: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

3. PLACE OF DEATH: \_\_\_\_\_  
CITY COUNTY

4. FATHER: \_\_\_\_\_  
FIRST MIDDLE LAST

5. MOTHER \_\_\_\_\_  
FIRST MIDDLE MAIDEN NAME

6. APPLICANT'S NAME: \_\_\_\_\_

7. DAYTIME #: ( \_\_\_\_\_ ) \_\_\_\_\_

8. MAILING ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

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 \*\***