

APPLICATION FOR CERTIFIED COPY OF

--

DEATH CERTIFICATE

<u>INSTRUCTIONS</u>	<u>COPIES REQUESTED</u>
FEE IS \$21.00 FOR THE FIRST COPY AND \$3.00 FOR EACH ADDITIONAL COPY OF THE SAME RECORD REQUESTED BY THE APPLICANT IN A SINGLE REQUEST AND MUST BE SUBMITTED WITH THIS APPLICATION ALONG WITH A COPY OF YOUR DRIVERS LICENSE. PLEASE TYPE OR PRINT LEGIBLE	CERTIFICATE OF DEATH HOW MANY? _____ AMOUNT ENCLOSED \$ _____

INFORMATION ABOUT DECEASED PERSON			
1. FULL NAME OF DECEASED	FIRST	MIDDLE	LAST
2. DATE OF DEATH	MONTH	DAY / YEAR	3. AGE
4. DATE OF BIRTH	MONTH	DAY / YEAR	STATE

PERSON REQUESTING CERTIFICATION OF DEATH	
7. PURPOSE IN OBTAINING COPY?	
8. RELATIONSHIP TO PERSON NAMED IN ITEM 1 ABOVE (PARENT, CHILD, SIBLING, ATTORNEY, FUNERAL HOME, ETC.)	
9. PRINTED NAME OF APPLICANT	
10. ADDRESS OF APPLICANT	STREET ADDRESS
CITY _____	STATE _____ ZIP _____
11. SIGNATURE OF APPLICANT	12. DATE SIGNED
WARNING: The penalty for knowingly making a false statement in this form can be 2 10 years in prison and a fine up to \$5,000. (Article 4477c, Revised Civil Statutes of Texas)	