

Date of Application: _____

Application for Certified Copy of Death Certificate

Number of copies needed: _____ (\$21.00 each)
(\$4.00 addn. copies)

A \$3.00 charge will be added if you cancel or alter your request after certificate has been printed.

For Office Use Only	
Deputy	_____
Cert. #	_____
File #	_____
Cash	_____ Check _____ Check No. _____
Name on Check	_____

Information on Death Certificate	
1. Full Name of Person on Record	_____
2. Date of Death (Month/Day/Year)	_____
3. Sex:	_____ Male _____ Female
4. Place of Death:	_____
	City or Town County State
5. Full Name of Father	_____
6. Full Maiden Name of Mother	_____

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)

Death Certificate Requested by
(Personal Identification required)

Your relationship to the person named in item 1:

Purpose for obtaining this record:

Phone No. () _____

Printed Name

Address

City State Zip

X _____
Signature of Applicant

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON DEATH CERTIFICATE

FULL NAME OF PERSON ON RECORD	DATE OF DEATH
PLACE OF 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) _____ (ZIP)

who is related to the person named on Part I as _____ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.

Signature _____

Sworn to and subscribed before me, this _____ day of _____, 20_____.

(Seal)

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State and Zip

WARNING: IT IS 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. 195.003)

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

**MIRELLA ESCAMILLA DAVIS
BEE COUNTY CLERK
105 W. CORPUS CHRISTI ST. ROOM 108
BEEVILLE, TEXAS 78102**

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