

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 Code)

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, ZIP Code

**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)**