APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

$21.00 for first copy **Number of Copies: _____**
$ 4.00 for each additional copy **Total amount due: $_____**

NAME ON RECORD: _____
First Middle Last

DATE OF DEATH: _____
Month Day Year

PLACE OF DEATH: _____
City County State

NAME OF FATHER: _____
First Middle Last

NAME OF MOTHER: _____
First Middle Last

APPLICANT: _____ **TELEPHONE:** _____

MAILING ADDRESS: _____
Street/P.O. Box City, State, Zip Code

RELATIONSHIP TO THE DECEASED: _____
(Funeral Director/Spouse/Parent/Child/Attorney, Etc.)

PURPOSE FOR OBTAINING THIS RECORD:_____
(Estate needs, Insurance, Social Security, Etc.)

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 & Safety Code, Chapter 195, Sec. 195-003).

In order for an individual to obtain a certified copy of a death record, the person must be a qualified applicant. Chapter 25 of the Texas Administrative Code 181.11 defines a qualified applicant as: any immediate family member either by blood or marriage, or a legal agent or representative of the deceased.

_____ _____
Signature of Applicant **Date**

REQUEST *WILL NOT* BE PROCESSED WITHOUT IDENTIFICATION

CORYELL COUNTY CLERK'S OFFICE USE ONLY:

Volume _____ Page_____ Local Registrar #_____ Certificate # _____

_____
Deputy Clerk