

DeWITT COUNTY CLERK  
 307 N. GONZALES  
 CUERO, TEXAS 77954  
 361-275-0864

OFFICE USE ONLY	
Certificate Number:	_____
Clerk's Initials:	_____
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**APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE**

\_\_\_ # of Copies @ \$21.00 = \$\_\_\_\_\_

Additional Copies \_\_\_ # of Copies @ \$4.00 = \$\_\_\_\_\_

**PLEASE PRINT**

1. Full Name of Person on Record	First Name	Middle Name		Last Name
2. Date of Death	Month	Day	Year	3. Sex
4. Place of Death	City or Town	County		TEXAS
5. Full Name of Parent 1	First Name	Middle Name		Maiden Name/Last Name
6. Full Name of Parent 2	First Name	Middle Name		Maiden Name/Last Name
7. Decedent's Birth date	8. Decedent's Birth Place			

9. APPLICANT'S NAME \_\_\_\_\_ 10. TELEPHONE # \_\_\_\_\_

11. MAILING ADDRESS \_\_\_\_\_

12. RELATIONSHIP TO PERSON NAMED IN ITEM #1 \_\_\_\_\_

13. PURPOSE FOR OBTAINING THIS RECORD \_\_\_\_\_

I authorize mailing to the address below instead of my mailing address. I have verified that the address below will receive my order.

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 - 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE OF APPLICATION

**APPLICATIONS WITHOUT SIGNATURE, PAYMENT AND PHOTO ID WILL NOT BE PROCESSED.**

## NOTARIZED PROOF OF IDENTIFICATION

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

FULL NAME OF PERSON ON RECORD	DATE OF BIRTH/DEATH
PLACE OF BIRTH/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)

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

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

DeWitt County Clerk  
307 N. Gonzales St.  
Cuero, Texas 77954

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