

DE WITT COUNTY CLERK  
 102 N. CLINTON STREET, SUITE 120  
 CUERO, TEXAS 77954  
 361-275-0864

|                     |       |
|---------------------|-------|
| OFFICE USE ONLY     |       |
| Certificate Number: | _____ |
| Clerk's Initials:   | _____ |
| Receipt Number:     | _____ |

**APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE**

\_\_\_ # of Copies @ \$21.00 = \$ \_\_\_\_\_ Additional Copies \_\_\_ # of Copies @ \$4.00 = \$ \_\_\_\_\_  
 \_\_\_ # of Plastic Cover(s) – Abstract and Letter Size Available - \$2.00 each

**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

|  |  |                       |     |
|--|--|-----------------------|-----|
| <b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b> |  |                       |     |
| 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 |     |

|   |   |
|---|---|
| <b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b> |   |
| NAME AND RELATIONSHIP TO PERSON ON RECORD                                       | TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED |
|   |   |

## AFFIDAVIT OF PERSONAL KNOWLEDGE

|   |                            |
|---|----------------------------|
| <b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>                    |                            |
| STATE OF _____  |                            |
| COUNTY OF _____   |                            |
| Before me on this day appeared _____<br>(Name)  |                            |
| now residing at _____<br>(Address) (City) (State)   |                            |
| who is related to the person named on Part I as _____ and who on oath deposes and<br>(Relationship) |                            |
| says that the contents of this affidavit are true and correct.                                      |                            |
| Signature _____   |                            |
| Sworn to and subscribed before me, this _____ day of _____ 20                                       |                            |
| <i>(Seal)</i>   | 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  
102 N. Clinton Street, Suite 120  
Cuero, Texas 77954

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