



DeWitt County Clerk
102 N. Clinton St., Suite 120
Cuero, Texas 77954
361-275-0864

OFFICE USE ONLY
Certificate Number _____
Clerk's Initials _____
Receipt Number _____

MAIL APPLICATION FOR DEATH RECORD

PLEASE PRINT CLEARLY. INCLUDE A COPY OF YOUR (APPLICANT) VALID ID WHEN SENDING IN THE REQUEST. APPLICATION MUST BE ORIGINAL (INCLUDING SIGNATURE). NO CROSS OUT OR WHITE OUT WILL BE ACCEPTED.

COST & FEES			
Record Type	Quantity	Price/Each	Total
<input type="radio"/> Death Certificate		\$21.00	\$
<input type="radio"/> Additional Death Certificate		\$4.00	\$
<input type="radio"/> Plastic Protective Letter Size Sleeve		\$2.00	\$
Total (Check or money order payable to DeWitt County Clerk)			\$

INFORMATION FOR PERSON NAMED ON DEATH RECORD					
Full Name on Record:	First Name	Middle Name		Last Name	
Date of Death:	Month	Day	Year	Sex	
Place of Death	City or Town	County			Texas
Full Name of Parent 1	First Name	Middle Name		Maiden Last Name (Before first marriage)	
Full Name of Parent 2	First Name	Middle Name		Maiden Last Name (Before first marriage)	
Decedent's Birth Date	Decedent's Birth Place				

APPLICANT INFORMATION			
Your Name (First, Middle & Last Name):			
Address:	City:	State:	Zip Code
Email Address:	Daytime Phone Number:		

Your Relationship to person named on certificate (Check One): Self Child Spouse Parent Sibling Grandparent
 Legal Guardian (proof required) Legal Representative (proof required) Other: _____

Reason for Request: Records Insurance Settle Estate Other: _____

I authorize mailing to the address below instead of my mailing address listed above.

Name:			
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 & SAFETY CODE, CHAPTER 195, SEC. 195.003)

APPLICANT'S SIGNATURE & AFFIDAVIT (NOTARY SECTION)

Applicant's Signature _____ Date Signed: _____

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me on _____, 20 ____

by _____ (Applicant's Name).

 (Notary Public Signature)

APPLICATIONS WITHOUT SIGNATURE, PAYMENT & PHOTO ID WILL NOT BE PROCESSED