

# APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

\$21.00 for first copy  
\$ 4.00 for each additional copy

Number of Copies: \_\_\_\_\_  
Total amount due: \$ \_\_\_\_\_

NAME ON RECORD: \_\_\_\_\_  
First Middle Last

DATE OF DEATH: \_\_\_\_\_  
Month Day Year

PLACE OF DEATH: \_\_\_\_\_  
First Middle Last

NAME ON FATHER: \_\_\_\_\_  
First Middle Last

NAME ON 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**

**HAMILTON COUNTY CLERK'S OFFICE USE ONLY:**

Volume \_\_\_\_\_ Page \_\_\_\_\_ Local Registrar # \_\_\_\_\_ Certificate # \_\_\_\_\_