

**APPLICATION FOR DEATH CERTIFICATE**

(SOLICITUD PARA REGISTRO DE DEFUNCION)

**QTY**

\_\_\_\_\_ CERTIFIED COPY \$21.00 VOL. \_\_\_\_\_ PAGE \_\_\_\_\_ CERT.# \_\_\_\_\_  
(COPIA CERTIFICADA)  
\_\_\_\_\_ ADDITIONAL COPIES \$4.00 EA. FILE DATE \_\_\_\_\_  
(COPIAS ADICIONALES)

NAME OF PERSON ON RECORD \_\_\_\_\_  
(NOMBRE DE LA PERSONA EN EL REGISTRO)

DATE OF DEATH (FECHA DE DEFUNCION) \_\_\_\_\_

PLACE OF DEATH (LUGAR DE DEFUNCION)  
CITY (CIUDAD) \_\_\_\_\_ COUNTY (CONDADO) \_\_\_\_\_ STATE (ESTADO) \_\_\_\_\_

FATHERS NAME (NOMBRE DEL PADRE) \_\_\_\_\_

MOTHERS NAME (NOMBRE DE LA MADRE) \_\_\_\_\_

PERSON REQUESTING CERTIFICATE (SU NOMBRE) \_\_\_\_\_

MAILING ADDRESS (SU DIRECCION) \_\_\_\_\_

TELEPHONE NUMBER (SU NUMERO DE TELEFONO) \_\_\_\_\_

RELATIONSHIP TO APPLICANT (PARENTESCO A LA PERSONA DEL REGISTRO) \_\_\_\_\_

PURPOSE OF OBTAINING RECORD (LA RAZON POR LA CUAL NECESITA EL REGISTRO) \_\_\_\_\_

RECORD INFORMATION: ILLEGEABLE \_\_\_\_\_ INCORRECT \_\_\_\_\_ NO REFUND ACKNOWLEDGEMENT \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_  
(FIRMA DEL APPLICANTE) (FECHA DE DIA DE HOY)

**\$5.00 RECORD SEARCH FEE**  
**NO REFUNDS / NO DEVOLUCIONES**

**WARNING:** THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THE FORM CAN BE 2 - 10 YEARS  
IN PRISON AND A FINE UP TO \$10,000. (HEALTH AND SAFETY CODE CHAPTER 195, SEC 195.003)

