

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

Lee County Clerk
Sharon Blasig
P.O. Box 419
Giddings, TX 78942
979-542-3684



First Certified Copy.....	\$21.00
Extra Copies	\$4.00 ea
Number Requested.....	_____
Total Due.....	\$_____
Certificate NO.....	_____

WARNING: The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine of up to \$10,000.00 (Health & Safety Code 195.003)

Information Found on Death Certificate

Please Print:

Full Name on Record: _____

Date of Death: _____

Place of Death: City _____ **County** _____

Father's Full Name: _____

Mother's Full Maiden Name: _____

Information about Applicant

Applicant's Relationship: _____

Purpose for Obtaining Record: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

Telephone Number: _____

Signature of Applicant

Today's Date

APPLICANT'S PHOTO ID IS REQUIRED
(NOTARIZED copy of APPLICANT'S PHOTO ID is REQUIRED if mailed)

(See Page 2)

NOTARIZED PROOF OF IDENTIFICATION

PART 2	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

PART 3: THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC	
STATE OF _____	
COUNTY OF _____	
Before me on this day appeared _____ <div style="text-align: right; margin-right: 100px;">(Name)</div>	
who is related to the person named on this application and the contents of this application are true and correct.	
Sworn to and subscribed before me, this ____ day of _____, 20____.	
	Signature of Notary Public
	Commissioner Expires
	Typed or Printed Name

This document must be notarized and returned, along with a copy of the Applicant's Identification, if applying for a Birth Certificate by mail.