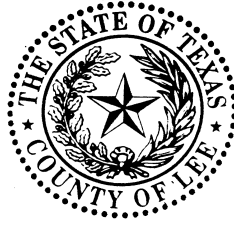


APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

**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
(COPY OF APPLICANT'S PHOTO ID IS REQUIRED)

Today's Date