Death Certificate:

✓ Please complete the Application for Death Record and the Notary page.

✓ Send an enlarged copy of your State issued Identification card or Driver’s License

✓ A money order or personal check for $21, each additional copy if purchased at this time will be $4.00 (Payable to the Atascosa County Clerk); if submitting a personal check please have your Driver’s License and phone number written on the check

If you have any questions, please feel free to contact our office at (830)767-2511

Diane Gonzales
Atascosa County Clerk
1 Courthouse Circle Dr. Ste. 102
Jourdanton, TX 78026
APPLICATION FOR DEATH RECORD

PLEASE PRINT; PROVIDE A VALID PHOTO ID. DEATH CERTIFICATES ARE $21.00 FOR THE FIRST COPY AND $4.00 FOR EACH ADDITIONAL AT THIS TIME ONLY.

NAME OF DECEASED

____________________________________________________________________________________
GIVEN NAME                            MIDDLE NAME     LAST NAME

DATE OF DEATH _______________________________________________________________________
MONTH            DAY     YEAR

PLACE OF DEATH______________________________________________________________________
CITY      COUNTY

NAME OF FATHER______________________________________________________________

FULL NAME OF MOTHER INCLUDING MAIDEN __________________________________________

APPLICANT’S RELATIONSHIP TO PERSON NAMED IN DEATH CERTIFICATE_______________________

MY PURPOSE IN OBTAINING THE CERTIFIED COPY_______________________________________
(SOCIAL SECURITY, INSURANCE, ETC)

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, Chapter 195.003)

SIGNATURE OF APPLICANT:____________________________________________________________

ADDRESS OF APPLICANT:_____________________________________________________________
STREET ADDRESS, CITY, STATE, ZIP

DATE OF APPLICATION:_____________________________    PHONE NO.:_______________________

FOR OFFICE USE ONLY:

CERTIFICATE NO.________________
LETTER B:________________
NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE

FULL NAME OF PERSON ON RECORD

DATE OF BIRTH/DEATH

PLACE OF BIRTH/DEATH (City or County)

SEX

FULL NAME OF PARENT 1

FULL NAME OF PARENT 2

PART II. 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

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

STATE OF __________________________

COUNTY OF __________________________

Before me on this day appeared __________________________ (Name)

now residing at __________________________ (Address) __________________________ (City) __________________________ (State)

who is related to the person named on Part I as __________________________ (Relationship) and who on oath deposes and

says that the contents of this affidavit are true and correct.

Signature __________________________

Sworn to and subscribed before me, this ______ day of __________________________ , 20 ______

Signature of Notary Public __________________________

(Seal)

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 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO $10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

MAIL THIS SIGNED STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

Diane Gonzales,

Adams County Clerk

1 Courthouse Circle Dr. Ste. 102

Jourdanton, Texas 78026

(APPLICATIONS WITHOUT THE SIGNED STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)