

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

# DIANE GONZALES, 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

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

<b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

## AFFIDAVIT OF PERSONAL KNOWLEDGE

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>						
STATE OF _____						
COUNTY OF _____						
Before me on this day appeared _____ <span style="margin-left: 400px;">(Name)</span>						
now residing at _____ <span style="margin-left: 100px;">(Address)</span> <span style="margin-left: 100px;">(City)</span> <span style="margin-left: 100px;">(State)</span>						
who is related to the person named on Part I as _____ and who on oath deposes and <span style="margin-left: 300px;">(Relationship)</span>						
says that the contents of this affidavit are true and correct.						
Signature _____						
Sworn to and subscribed before me, this _____ day of _____, 20 _____						
(Seal)	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Signature of Notary Public</td></tr> <tr><td style="text-align: center;">Commission Expires</td></tr> <tr><td style="text-align: center;">Typed or Printed Name</td></tr> <tr><td style="text-align: center;">Street Address</td></tr> <tr><td style="text-align: center;">City, State and Zip</td></tr> </table>	Signature of Notary Public	Commission Expires	Typed or Printed Name	Street Address	City, State and Zip
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Street Address						
City, State and Zip						

**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 SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:**  
 Diane Gonzales,  
 Atascosa County Clerk  
 1 Courthouse Circle Dr. Ste. 102  
 Jourdanton, Texas 78026

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