

**THE FOLLOWING ITEMS ARE NEEDED FOR THE ISSUANCE OF A  
DEATH CERTIFICATE:**

Please complete the application for Death record and notary page.

Send an enlarged copy of your Driver's license or State Issued id

A \$21 money order or personal check, each additional copy if purchased **at this time** will be \$4.00

\*\* If submitting a personal check please make sure your driver's license and phone number are written legibly on the front.

\*\* Make check payable to **Atascosa County Clerk**

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT  
OUR OFFICE 830-767-2511 OPT. 2

THERESA CARRASCO,

ATASCOSA COUNTY CLERK

1 COURTHOUSE CIRCLE DR. STE. 102

JOURDANTON, TEXAS 78026

# TERESA CARRASCO, 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 _____ (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 _____.

(Seal)

Signature of Notary Public
Commission Expires
Typed or Printed Name
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:

Theresa Carrasco,  
Atascosa County Clerk  
1 Courthouse Circle Dr. Ste. 102  
Jourdanton, Texas 78026

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