



# DEATH CERTIFICATE APPLICATION

Records Processing Monday to Friday, 8 am to 4 pm

**Mailing Address**  
 Local Registrar  
 P.O. Box 9960  
 College Station, Texas 77842

**Office Address**  
 1101 Texas Avenue  
 College Station, Texas 77842

# _____	Death Certificate	x \$ 21 = _____
# _____	Additional Certificates	x \$ 4 = _____
# _____	Death Verification	x \$ 18 = _____
# _____	Archival Sleeve	x \$ 2 = _____
# _____	Postage (certified mail)	x \$ 8 = _____
		<b>Total = _____</b>

Phone: (979) 764-5016  
 Fax: (979) 764-6377

No cash bills larger than a \$20. Check or money orders payable to City of College Station. **No Credit Cards.**

**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. HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003**

**PERSON NAMED ON DEATH CERTIFICATE** Please Print (See reverse side for instructions)

1. Full Name: \_\_\_\_\_  
FIRST MIDDLE LAST

2. Date of Death: \_\_\_\_\_ 3. Sex: \_\_\_\_\_  
MONTH DAY YEAR MALE or FEMALE

4. Place of Death: \_\_\_\_\_  
CITY or TOWN COUNTY STATE

5. Parent Name: \_\_\_\_\_  
FIRST MIDDLE MAIDEN NAME/LAST NAME

6. Parent Name: \_\_\_\_\_  
FIRST MIDDLE MAIDEN NAME/LAST NAME

7. Social Security Number of deceased: \_\_\_\_\_ Not Required for Death Verification

8. Date of Birth: \_\_\_\_\_  
MONTH DAY YEAR

9. Place of Birth: \_\_\_\_\_  
CITY or TOWN COUNTY STATE

**PERSON APPLYING FOR DEATH CERTIFICATE**

10. Applicant's Name: \_\_\_\_\_ 11. Phone: \_\_\_\_\_  
FULL NAME DAYTIME #

12. Mailing Address: \_\_\_\_\_  
STREET CITY STATE ZIP

13. Your relationship to person on record: \_\_\_\_\_

14. Purpose for obtaining this record: \_\_\_\_\_

**If obtaining records by mail, you must enclose payment, a copy of your driver's license, and have this form notarized below.**

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

State of Texas, County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_  
date name or names of person or persons acknowledged

(Personalized Seal) \_\_\_\_\_  
 Notary Public's Signature

**For Office Use Only:**

File #: \_\_\_\_\_

Paper #: \_\_\_\_\_

## INSTRUCTIONS FOR APPLICATION FOR CERTIFIED COPY OF A DEATH RECORD

If obtaining records by mail, you must enclose payment, a copy of your driver's license, and have this form notarized.

Indicate the number of records and compute the amount of money to be sent. PLEASE DO NOT SEND CASH THROUGH THE MAIL. WE SUGGEST YOU SEND EITHER A PERSONAL CHECK OR MONEY ORDER (INCLUDING THE POSTAGE FEE) MADE PAYABLE TO: THE CITY OF COLLEGE STATION.

- Item 1**      *Name on Record*  
State the FULL NAME of the person shown on the record being requested.
- Item 2**      *Date of Death*  
Give the exact date of death. (If you do not know the exact date of death, then give the date the person was last known to be alive.)
- Item 3**      *Sex*  
Enter Male or Female.
- Item 4**      *Place of Death*  
State the name of the city or county in which the death occurred. (If you do not know the exact place of death, show the last address known when the person was alive.)
- Item 5**      *Father's Name*  
Give the full name of the father of the person shown on the record.
- Item 6**      *Mother's MAIDEN name*  
Give the FULL MAIDEN NAME of the mother of the person shown on the record.
- Item 7**      Social Security Number of the deceased. Not Required for Death Verification.
- Item 8**      Birth date of the deceased.
- Item 9**      Place of Birth of the deceased.
- Item 10**     *Applicant's name*  
Give YOUR full name
- Item 11**     *Telephone number*  
Give us a telephone number with area code where you can be reached between the hours of 8am and 5pm, Monday through Friday.
- Item 12**     *Mailing Address*  
Give us your complete mailing address.
- Item 13**     *Relationships to person named on the record*  
State how you are related to the person on the record you are requesting.
- Item 14**     *Purpose for obtaining this record*  
State the reason you or purpose for which you are requesting this record.

**YOU MUST SIGN AND DATE THIS APPLICATION**