DEATH CERTIFICATE APPLICATION

Records Processing Monday to Friday, 8 am to 4 pm

CITY OF COLLEGE STATION
Home of Texas A&M University®

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

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 Certifcates	x $ 4 =	_____
#_____	Death Verification	x $ 18 =	_____
#_____	Archival Sleeve	x $ 2 =	_____
#_____	Postage (certified mail)	x $ 8 =	_____
		Total =	_____

We accept: Cash (no cash bills larger than a $20), Credit/Debit (We do not accept AMEX) Check or money orders payable to City of College Station.

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: _____ MONTH _____ DAY _____ YEAR
3. Sex: _____ MALE or FEMALE
4. Place of Death: College Station CITY or TOWN Brazos COUNTY Texas 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: _____ FULL NAME
11. Phone: _____ 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 (to include postage fee), 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 _____ *date* by _____ *name or names of person or persons acknowled*.

(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 of 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