



Application for Death Certificate

Office & Mailing Address:

1101 Texas Ave
College Station, TX 77840

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

Records Processing: Monday to Friday, 8 am to 4 pm
Order Online: www.forms.cstx.gov/Forms/vitals

# _____	Certified Copies	x \$ 21 =	_____
# _____	Additional Certificates	x \$ 4 =	_____
# _____	Death Verification	x \$ 18 =	_____
# _____	*Archival Sleeve	x \$ 2 =	_____
# _____	Certified Postage:	x \$ 10 =	_____

*Optional **Total =** _____
 We accept: Cash (no bills larger than a \$20), Credit/Debit
 (We do not accept AMEX), Check or Money Orders
 payable to City of College Station.

For Office Use Only:

Clerk: _____ Cash _____
 File#: _____ Check # _____
 DCN: _____ CC/Debit _____

INSTRUCTIONS

- * Read all instructions carefully before completing application.
- * Application must be filled out completely.
- * Print legibly. Illegible writing may result in additional fees for multiple searches.
- * State law requires that any time a search for a certificate is conducted and it is not found, a "SEARCH FEE" equal to the certificate fee will be charged. Search fees are not refundable.
- * If obtaining records by mail, applications must be notarized and you must enclose payment and a copy of your driver's license.

PLEASE PRINT

PERSON NAMED ON CERTIFICATE

1. Full Name: | _____ | | _____ | | _____ |
FIRST MIDDLE LAST NAME

2. Date of Death: | _____ | | _____ | | _____ | 3. Sex: | _____ |
MONTH DAY YEAR MALE or FEMALE

4. Place of Death: | College Station | | Brazos | | Texas |
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: | _____ |

8. Date of Birth: | _____ | | _____ | | _____ |
MONTH DAY YEAR

9. Place of Birth: | _____ | | _____ | | _____ |
CITY or TOWN COUNTY STATE

PERSON APPLYING FOR CERTIFICATE

10. Applicant's Name: | _____ |
FULL NAME

11. Email: | _____ | 12. Phone: | _____ |
DAYTIME #

13. Mailing Address: | _____ | | _____ | | _____ | | _____ |
STREET CITY STATE ZIP

14. Your relationship to person on record: | _____ |

15. Purpose for obtaining this record: | _____ |

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).

SIGNATURE OF APPLICANT _____

DATE _____

State of Texas, County of _____

This instrument was acknowledged before me on _____ by _____
date name of person being acknowledged

(Personalized Seal)

 Notary Public's Signature