



# 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](http://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 DEATH 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 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: | \_\_\_\_\_ |

**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