



## APPLICATION FOR DEATH CERTIFICATE

(SOLICITUD PARA REGISTRO DE DEFUNCION)

VOL. \_\_\_\_\_ PAGE \_\_\_\_\_ CERTIFICATE # \_\_\_\_\_ FILE DATE \_\_\_\_\_

NAME OF PERSON ON RECORD \_\_\_\_\_  
(NOMBRE DE LA PERSONA EN EL REGISTRO)

DATE OF DEATH (FECHA DE DEFUNCION) \_\_\_\_\_

PLACE OF DEATH (LUGAR DE DEFUNCION) \_\_\_\_\_

CITY (CUIDAD) \_\_\_\_\_ COUNTY (CONDADO) \_\_\_\_\_ STATE (ESTADO) \_\_\_\_\_

FATHERS NAME (NOMBRE DEL PADRE) \_\_\_\_\_

MOTHERS NAME (NOMBRE DE LA MADRE) \_\_\_\_\_

PERSON REQUESTING CERTIFICATE (SU NOMBRE) \_\_\_\_\_

MAILING ADDRESS (SU DIRECCION) \_\_\_\_\_

TELEPHONE NUMBER (NUMERO DE TELEFONO) \_\_\_\_\_

RELATIONSHIP TO APPLICANT (PARENTESCO A LA PERSONA DEL REGISTRO) \_\_\_\_\_

PURPOSE OF OBTAINING RECORD (RAZON POR LA CUAL NECESITA EL REGISTRO) \_\_\_\_\_

RECORD INFORMATION: ILLEGEABLE \_\_\_\_\_ INCORRECT \_\_\_\_\_ NO REFUND ACKNOWLEDGEMENT \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_  
(FIRMA DEL APPLICANTE) (FECHA DEL DIA DE HOY)

**\$5.00 RECORD SEARCH FEE**  
**NO REFUNDS/NO DEVOLUCIONES**

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THE FORM CAN BE 2 – 10 YEARS IN PRISON AND A FINE UP TO \$10,000. (HEALTH AND SAFETY CODE CHAPTER 195, SEC 195.003)