**THE FOLLOWING ITEMS ARE NEEDED FOR THE ISSUANCE OF A DEATH CERTIFICATE:**

Please complete the application for Death record and notary page.

Send an enlarged copy of your Driver's license or State Issued id

A $21 money order or personal check, each additional copy if purchased **at this time** will be $4.00

** If submitting a personal check please make sure your driver's license and phone number are written legibly on the front.

** Make check payable to **Atascosa County Clerk**

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT OUR OFFICE 830-767-2511 OPT. 2

THERESA CARRASCO,

ATASCOSA COUNTY CLERK

1 COURTHOUSE CIRCLE DR. STE. 102

JOURDANTON, TEXAS 78026

# THERESA CARRASCO, COUNTY CLERK

**#1 COURTHOUSE CIRCLE DR, STE. 102**

**JOURDANTON, TX 78026**

# APPLICATION FOR DEATH RECORD

**PLEASE PRINT; PROVIDE A VALID PHOTO ID. DEATH CERTIFICATES ARE $21.00 FOR THE FIRST COPY AND $4.00 FOR EACH ADDITIONAL AT THIS TIME ONLY.**

NAME OF DECEASED

GIVEN NAME MIDDLE NAME LAST NAME

DATE OF DEATH _____
MONTH DAY YEAR

PLACE OF DEATH _____
CITY COUNTY

NAME OF FATHER _____

FULL NAME OF MOTHER INCLUDING MAIDEN _____

APPLICANT'S RELATIONSHIP TO PERSON NAMED IN DEATH CERTIFICATE _____

MY PURPOSE IN OBTAINING THE CERTIFIED COPY _____
(SOCIAL SECURITY, INSURANCE, ETC)

**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 $10,000.00 (Health & Safety Code, Chapter 195.003)**

SIGNATURE OF APPLICANT: _____

ADDRESS OF APPLICANT: _____
STREET ADDRESS, CITY, STATE, ZIP

DATE OF APPLICATION: _____ PHONE NO.: _____

FOR OFFICE USE ONLY:

CERTIFICATE NO. _____

LETTER B: _____

# NOTARIZED PROOF OF IDENTIFICATION

**PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE**

| FULL NAME OF PERSON ON RECORD | DATE OF BIRTH/DEATH |
|---|---|
| | |

| PLACE OF BIRTH/DEATH (City or County) | SEX |
|---|---|
| | |

| FULL NAME OF PARENT 1 | FULL NAME OF PARENT 2 |
|---|---|
| | |

**PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.**

| NAME AND RELATIONSHIP TO PERSON ON RECORD | TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED |
|---|---|
| | |

# AFFIDAVIT OF PERSONAL KNOWLEDGE

**PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.**

STATE OF _____

COUNTY OF _____

Before me on this day appeared _____ (Name)

now residing at _____ (Address) (City) (State)

who is related to the person named on Part I as _____ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.

Signature _____

Sworn to and subscribed before me, this _____ day of _____, 20 _____.

(Seal)

Signature of Notary Public

Commission Expires

_____
Typed or Printed Name

Street Address

City, State and Zip

**WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO $10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)**

**MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:**

Theresa Carrasco,
Atascosa County Clerk
1 Courthouse Circle Dr. Ste. 102
Jourdanton, Texas 78026

**(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)**