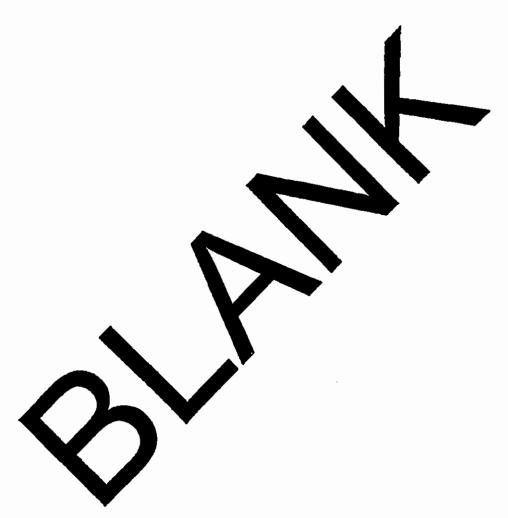
ANDREA CARDENAS AUSTIN COUNTY CLERK APPLICATION FOR CERTIFIED COPY OF A DEATH CERTIFICATE

PL	EASE I	PRINT		
t Copy			\$21.00 each	
			\$4.00 each	
g			\$5.00	
FIRST		MIDDLE	LAST	
	MALI	3	EEMAI E	
	WAL		TENALE	
		CONDADO	COUNTY	
		MIDDLE	LAST	
	MIDD	LE	MAIDEN NAME	
L # (,			
STREET		CITY	STATE ZIP	
EM # 1				
NA				
DE REGISTE	RO			
		_,		
PLICANT/ F	IRMA		DATE/ FECHA	
OF	FICE USE	ONLY		
CERTIFICATE NO I		_ ISSUERS N.	ISSUERS NAME	
	FIRST CIUDAD E# (FIRST FIRST MALE CIUDAD CITY MIDDI E# () STREET EM # 1 NA ING RECORD DE REGISTRO NOWINGLY MAKING A FAIL 00. (HEALTH AND SAFETY PLICANT/ FIRMA OFFICE USE	FIRST MIDDLE MALE CIUDAD CITY CONDADO MIDDLE MIDDLE E#() STREET CITY EM # 1 NA ING RECORD DE REGISTRO ENOWINGLY MAKING A FALSE STATEMENT IN OO. (HEALTH AND SAFETY CODE, CHAPTER IN OO. (HEALTH AND SAFETY CODE, CHAPTER IN OO. (HEALTH AND SAFETY CODE, CHAPTER IN OO. (FICE USE ONLY)	

^{**} ATTACH A COPY OF APPLICANT'S IDENTIFICATION



This blank page is to ensure that notarized affidavit (VS-142.3(A)) does not print on the reverse side of the application (VS-142.3).

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAM CERTIFICATE	ES OF PARENTS AS INFORMATTION APPEARS ON BIRTH/DEATH			
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 TYP	E OF ID USED			
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED			
AFFIDAVIT OF PE	RSONAL KNOWLEDGE			
AFFIDAVIT OF PERSONAL KNOWLEDGE PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC				
STATE OF				
COUNTY OF				
Refere me on this day appeared				
Before me on this day appeared(Name)				
now residing at				
(Address)	(City) (State)			
Who is related to the person named in Part 1 as	and who on oath			
den een en de een klock kloop een konke efficie efficie ein k	(relationship)			
deposes and says that the contents of this affidavit are ti	rue and correct.			
Signature				
Sworn to and subscribed before me, this day of, 20				
(Please place notary stamp in place below)				
	Signature of Notary Public			
	Commission Expires			
	Typed or Printed Name			
	Street Address			
	City, State, and Zip			

WARNING: IT'S A FELONY TO FALSIFYI NFORMATION 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.185.003)

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT (MONEY *ORDER* OF *CASHIER C*HECK) AND PHOTOCOPY OF YOUR VALID PHOTO ID TO:

AUSTIN COUNTY CLERK 265N. Chesley Street, Ste. 7 Bellville, TX 77418