



EVA S. MARTINEZ COUNTY CLERK
P.O. BOX 27 · FLORESVILLE, TX 78114 · (830) 393-7308
APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE



1. NAME _____ 2. SEX _____
GIVEN NAME (S) LAST NAME MALE OR FEMALE

3. DATE OF DEATH _____
MONTH DAY YEAR
If unknown, show last year last known to have been alive _____

4. PLACE OF DEATH _____
CITY OR TOWN COUNTY
If unknown, show last city or county of residence _____

5. NAME OF FATHER _____

6. NAME OF MOTHER _____

7. I AM RELATED TO THE DECEASED AS _____

8. MY PURPOSE IN OBTAINING THE COPY IS _____

D/C NAME _____

VOL _____ Page _____

Certificate No. _____

DATE / REC. #

SIGNATURE OF APPLICANT

DRIVER'S LICENSE #

STREET ADDRESS

CITY AND STATE