



Ninfa Preddy
 County and District Clerk
 P.O. Drawer C
 Ozona, Tx. 76943

DEATH CERTIFICATE APPLICATION

PLEASE TYPE OR PRINT. APPLICATION MUST BE ORIGINAL (INCLUDING SIGNATURE). NO CROSS OUT OR WHITE OUT WILL BE ACCEPTED.
INCLUDE A PHOTOCOPY OF YOUR VALID I.D. WHEN SENDING IN THE REQUEST BY MAIL.

STEP 1: YOUR INFORMATION AND MAILING ADDRESS (PLEASE PRINT)

Your Name: (first, middle, last name, suffix): _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Email Address: _____ Daytime Phone Number: _____
 Your relationship to the person named on the certificate: Spouse/Parent Other (specify): _____
 Reason for request: Records Estate Insurance Other: _____
 I authorize mailing to the address below, if mailing to address *other* than address listed above:
 Name: (first, middle, last name, suffix): _____
 Street Address: _____
 City: _____ State: _____ Zip: _____

STEP 2: INFORMATION FOR THE PERSON NAMED ON THE DEATH CERTIFICATE (PLEASE PRINT)

Full Name on Certificate
 (First, Middle, Last Name, Suffix): _____
 Date of Death: _____
 Place of Death: City: OZONA County: CROCKETT State: TEXAS
 Parent 1: First, Middle, Last name prior to first marriage (maiden name) _____
 Parent 2: First, Middle, Last name prior to first marriage (maiden name) _____

STEP 3: COST & FEES (FEES NON-REFUNDABLE)

Select Certificate Type	QTY	Price/Each	Total	CASH, CHECK, OR MONEY ORDER
<input type="checkbox"/> First Certified Death Certificate		x \$21.00	\$	PLEASE DO NOT MAIL CASH
<input type="checkbox"/> Additional Death Certificate(s)		x \$ 4.00	\$	
TOTAL DUE:			\$	

STEP 4: ACKNOWLEDGMENT - If you are submitting the application by mail, you must have it notarized before mailing it in.

STATE OF Texas
 COUNTY of _____
 This instrument was acknowledged before me on _____ (date)
 By: _____
 (name of person acknowledging)
 By: _____
 Notary Public (seal)

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR 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.)

STEP 5: SIGN

Signature of Applicant: _____ Date Signed: _____
 Printed Name: _____

OFFICE USE ONLY

Cash Check # _____ Money Order _____ AMOUNT: \$ _____
 Date: _____ Death Certificate Number: _____
 Document Control Number: _____