



Office of Joe G. Rivera
County Clerk, Cameron County, Texas
Application for Death Certificate
 (Solicitud para Acta de Defuncion)

_____ **CERTIFIED COPY @ \$21.00 EACH**
 (COPIA CERTIFICADA)

TOTAL ENCLOSED: \$ _____

_____ **ADDITIONAL COPIES @ \$4.00 EACH**
 (COPIAS ADICIONALES)

**** PLUS A \$10.00 SEARCH FEE IF REQUESTED BY MAIL ****

****NO REFUNDS / NO DEVOLUCIONES ****

1: FULL NAME OF PERSON ON RECORD (NOMBRE COMPLETO DE LA PERSONA EN EL REGISTRO)

2: DATE OF DEATH (FECHA DE DEFUNCION) _____ **3: SEX (SEXO)** _____

4: PLACE OF DEATH (LUGAR DE DEFUNCION)
 a: CITY (CIUDAD): _____
 b: COUNTY (CONDADO): _____
 c: STATE (ESTADO): _____

5: FULL NAME OF FATHER: (NOMBRE COMPLETO DEL PADRE) _____ **6: FULL MAIDEN NAME OF MOTHER: (NOMBRE DE MADRE CON APELLIDO DE SOLTERA)** _____

- 7: **APPLICANT'S NAME (SU NOMBRE):** _____
- 8: **MAILING ADDRESS (SU DIRECCION):** _____
- 9: **TELEPHONE # (SU NUMERO DE TELEFONO):** _____
- 10: **RELATIONSHIP TO PERSON IN ITEM # 1: (PARENTESCO A LA PERSONA DEL REGISTRO)** _____
- 11: **PURPOSE FOR OBTAINING RECORD: (LA RAZON POR LA CUAL NECESITA EL REGISTRO)** _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE UP TO \$10,000.00 (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

PLEASE DO NOT SEND CASH BY MAIL. PLEASE SEND 2 SEPARATE CHECKS OR MONEY ORDERS PAYABLE TO: CAMERON COUNTY CLERK (1 FOR THE SEARCH FEE AND 1 FOR THE COPIES) MAIL TO: CAMERON COUNTY CLERK, VITAL STATISTICS DEPT., P.O. BOX 2178, BROWNSVILLE, TX 78522

SIGNATURE OF APPLICANT
 (FIRMA DEL APLICANTE)

TODAY'S DATE
 (FECHA DEL DIA DE HOY)

IDENTIFICATION TYPE: _____

NUMBER: _____

ATTACH PHOTOCOPY of a VALID STATE ISSUED DRIVER'S LICENSE OR IDENTIFICATION CARD

- Fees are subject to change without notice (call 956-544-0817 for fee verification)
- Death records are confidential for 25 years, therefore issuance is restricted. Please attach a photocopy of ID to application. Administrative rules require that on restricted records, all identifying information (items 1-6), relationship (item 10), and purpose (item 11) be provided in order to issue the record.

FOR OFFICE USE ONLY

ISSUING CLERK _____ **CERTIFICATE NO.** _____ **RECEIPT NO.** _____