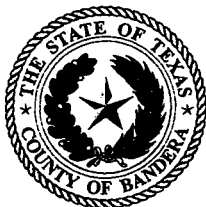


# APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

Bandera County Clerk  
 Tandie Mansfield  
 PO Box 823  
 Bandera, TX 78003  
 830-796-3332



Office Use Only	
First Certified Copy.....	\$21.00
Extra Copies @ \$4.00 each.....	\$ 4.00
Number Requested.....	_____
Total Due.....	\$ _____
Certificate NO. ....	_____
Cash ___ Check# _____	Debit/credit _____
(Debit/Credit done in office only) (Only money orders/cashier checks by mail)	

**Please Print:** *Information Found on Death Certificate*

1. Full Name on Record: (first, middle, last) \_\_\_\_\_
2. Date of Death: \_\_\_\_\_
3. Place of Death: (City, County) \_\_\_\_\_
4. Parent 1 Full Name: \_\_\_\_\_ Maiden/Birth Last Name \_\_\_\_\_
5. Parent 2 Full Name: \_\_\_\_\_ Maiden/Birth Last Name \_\_\_\_\_

*Information about Applicant*

6. Applicant's Full Name: \_\_\_\_\_
7. Applicant's Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_
8. Telephone Number: \_\_\_\_\_
9. Applicant's Relationship to Person Named in #1: \_\_\_\_\_
10. Purpose for Obtaining Record: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant  
 (COPY OF APPLICANT'S PHOTO ID IS REQUIRED)

\_\_\_\_\_  
 Today's Date

**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 195.003)

**For applications that are sent by mail:**  
 The attached Notarized Proof of Identification/Affidavit of Personal Knowledge and copy of valid photo ID must be attached to this completed application or the request will not be processed.

## NOTARIZED PROOF OF IDENTIFICATION

<b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b>			
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	
<b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>			
NAME AND RELATIONSHIP TO PERSON ON RECORD		TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED	

## AFFIDAVIT OF PERSONAL KNOWLEDGE

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC:</b>			
STATE OF _____			
COUNTY OF _____			
Before me on this day appeared _____ (name)			
now residing at _____ (Address) (City) (State)			
who is related to the person named in Part I as _____ and who on oath deposes (relationship)			
and says that the contents of this affidavit are true and correct.			
			Signature _____ (Signature of Applicant)
Sworn to and subscribed before me, this ____ day of _____, 20 ____.			
<i>(Please place notary stamp in space below)</i>			
Signature of Notary Public _____			
Commission Expires _____			
Typed or Printed Name _____			
Street Address _____			
City, State and Zip _____			

**WARNING: IT 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 (MONEY ORDER OR CASHIER CHECK) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:**

**BANDERA COUNTY CLERK  
VITAL RECORDS  
PO BOX 823  
BANDERA, TX 78003**

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