

APPLICATION FOR DEATH CERTIFICATE

Application para Certificado de defuncion

INSTRUCTIONS (INSTRUCCIONES)

ELODIA M. GARZA
 DUVAL COUNTY CLERK
 P. O. BOX 248
 SAN DIEGO, TEXAS 78384

* Read all instructions carefully before completing the application.
Lea todas las instrucciones con cuidado antes de llenar la solicitud.

* If any relevant part of th application is left blank, it will be returned to you.
Si alguna parte de la aplicacion deja en blanco, sera regresada.

* Make sure you are eligible to apply: Self, Mother, Father, Brother, Sister, Child, Spouse, Grandparent, Step-Parent, or Sibling.
Legal Guardian or Representative.
Asegure que califica para aplicar: Mismo, Madre, Padre, Hermano(a), Hijo(a), Esposo(a), Abuelos(as), Padrastro, da un paso-hermanos, Custodia Legal O Representante Legal.

<u>FOR OFFICE USE ONLY</u>	<u>DEATH</u>
CERTIFICATE # _____	# REQUESTED _____
RECEIPT # _____	CERTIFIED COPIES X \$21.00 _____
BY: _____	EXTRA COPIES X \$4.00 _____
	PLASTIC COVER X \$2.00 _____
	TOTAL ENCLOSED _____

PLEASE PRINT
 (Imprima por favor)

1. Full Name of Person on Record	First Name (Primer nombre)	Middle Name (Segundo nombre)	Last Name (Apellido en el acta)
2. Date of Death	Month (Mes)	Day (Dia)	Year (Año)
4. Place of Death	City or Town (Ciudad O Pueblo)	County (Condado)	State (Estado)
			3. Sex (Sexo)

5. Applicant's Name: _____
 (Su Nombre)

6. Mailing Address: _____ Street Address _____ City _____ State _____ Zip Code _____
 (Direccion)

7. Telephone #: (____) _____
 (Numero de telefono)

8. Relationship to Person Named in Item 1: _____
 (Relacion a la persona nombrada en el certificado)

9. Purpose for Obtaining this Record: _____
 (Razon para obtener el certificado)

Signature of Applicant (Firma) _____ Date (Fecha) _____