

TOM GREEN COUNTY CLERK
124 W BEAUREGARD
SAN ANGELO TX 76903
325-659-6556 --Fax No. 325-659-3251

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

WE WILL NEED TO MAKE A COPY OF YOUR ID OR DL

_____ Certified Copy @ \$21.00 = \$ _____
_____ Extra Copies @ \$ 4.00 = \$ _____
_____ Plastic Sleeve @ \$2.00 = \$ _____
_____ TOTAL..... \$ _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000 (Texas Health and Safety Code, Chapter 195, Sec. 195.003)

NAME ON RECORD _____
(NOMBRE) First (PRIMER) Middle (SEGUNDO) Last (APELLIDO)

DATE OF DEATH _____ **SEX:** M _____ F _____
(FECHA) Month (MES) Day (DIA) Year (ANO) (SEXO)

PLACE OF DEATH _____
(LUGAR)

Applicant's Name (Please Print) _____
(APPLICANTE - IMPRIMA POR FAVOR)

Applicant's daytime Telephone Number (_____) _____
(NUMERO DE TELEFONO)

Applicant's Mailing Address _____
(DIRECCION)
CITY (CIUDAD) STATE (ESTADO) ZIP (CODIGO POSTAL)

Applicant's Relationship to Person Named _____
on Certificate (RELACION A PERSONA EN
EL CETIFICADO)

Purpose for obtaining the Certificate _____
(RAZON PARA OBTENER EL
CERTIFICADO)

SIGNATURE OF APPLICANT (FIRMA) **DATE (FECHA)**

DOCUMENT# _____ **REGISTRAR#** _____ **ISSUED BY:** _____

THE STATE OF _____ §
COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this day personally appeared

Known to me to be the person whose name is subscribed on the foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE on this _____ day of _____, _____.

Notary Signature _____
Printed Name of Notary _____

My commission expires on _____

VITAL STATISTICS INFORMATION

All requests for vital documents must be in writing and accompanied by the proper fee. No telephone requests for documents or verifications may be accepted.

State law requires that all information on the reverse side of this form be furnished.

State law also requires that we obtain identification for all requests for vital records. Confidential records may be released only to properly qualified applicants.

A properly qualified applicant is the person named on the certificate, a member of the immediate family (father, mother, brother, sister, spouse or grandparent or a legal or personal representative.

A legal representative must provide a signed letter of authorization and proper identification for themselves and from the person giving the authorization. Legal guardians must show proof of guardianship.

**ELIZABETH MCGILL, COUNTY CLERK
COUNTY OF TOM GREEN
124 WEST BEAUREGARD
SAN ANGELO, TX 76903-5835**

INFORMATION LINE FOR VITAL STATISTICS: (325) 659-6556

Credit card payments are now made through <https://certifiedpayments.net>, The Bureau code is 2320034 (This number will also be used for the 'Cause No.'). Alternatively, you can call 1-866-549-1010 to make your payment. You will get a transaction number that you will need to copy down. Include that number with your mail or fax. Once you have made your payment, print out the payment verification sheet (or write the transaction number you got over the phone) and fax it (325-659-3251), mail it to the address at the top of the form, or you can email it to vitalstatistics@co.tom-green.tx.us along with the application and other paperwork to our office.

PLEASE NOTE - IF YOU ARE MAILING YOUR PAPERWORK TO US, AND PAYING BY CREDIT CARD, PLEASE CALL US AT 325-659-6556 TO ENSURE YOUR PAPERWORK HAS BEEN RECEIVED BEFORE MAKING YOUR PAYMENT. THANK YOU

Government Issued Identification Required: Driver's License, State ID. Card, Military I.D. Card. etc. If requested by mail, include money order or credit card information (see above) and photocopy of I.D.

WE CANNOT ACCEPT PERSONAL CHECKS