

Application for Certificate of DEATH

Rose Pietsch
Bastrop County Clerk
P.O. Box 577
Bastrop, TX 78602
(512) 332-7234 or Metro # 581-7134

Number of copies requested _____ Date _____

Please issue a certified copy of the DEATH record of:

Name on record: _____ Date of Birth: _____

Place of Death: _____ Date of Death: _____

Full name of father: _____

Full maiden name of mother: _____

You must be a member of the immediate family (spouse, parent, child, grandparent or grandchild), the funeral home making arrangements on behalf of the family or a legal representative of the deceased person's family. State your relationship to the deceased: _____

Please state your reason for obtaining the certificate: _____

FEE: \$21.00 for the first certificate/\$4.00 for each additional obtained at the same time. (Effective 12/1/2005)

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. A person commits an offense if the person intentionally or knowingly makes a false statement or directs another person to make a false statement on an application for a certified copy of vital records. [HSC Sec 195.003(a-4)]*

Signature of Applicant

Address of Applicant

City, State, Zip Code

If applying by mail you must send a legible copy of your identification.

To all applicants: A copy of your identification will be retained with this application for 3 years.

