



**Montgomery County Clerk**  
**L. Brandon Steinmann**

## DEATH CERTIFICATE APPLICATION

PLEASE TYPE OR PRINT. APPLICATION MUST BE ORIGINAL (INCLUDING SIGNATURE). NO CROSS OUT OR WHITE OUT WILL BE ACCEPTED. INCLUDE A PHOTOCOPY OF YOUR VALID I.D. WHEN SENDING IN THE REQUEST BY

### STEP 1: YOUR INFORMATION AND MAILING ADDRESS (PLEASE PRINT)

Your Name: (first, middle, last name, suffix): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Your relationship to the person named on the certificate: Spouse/Parent Other (specify): \_\_\_\_\_

Reason for request:  Records  Estate  Insurance  Other: \_\_\_\_\_

I authorize mailing to the address below, if mailing to address *other* than address listed above:

Name: (first, middle, last name, suffix): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### STEP 2: INFORMATION FOR THE PERSON NAMED ON THE DEATH CERTIFICATE (PLEASE PRINT)

Full Name on Certificate  
 (First, Middle, Last Name, Suffix): \_\_\_\_\_

Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Death: City: \_\_\_\_\_ County: \_\_\_\_\_ MONTGOMERY ONLY State: TEXAS ONLY

Parent 1: First, Middle, Last name prior to first marriage (maiden name) \_\_\_\_\_

Parent 2: First, Middle, Last name prior to first marriage (maiden name) \_\_\_\_\_

### STEP 3: COST & FEES (FEES NON-REFUNDABLE)

Select Certificate Type	QTY	Price/Each	Total	CASH, CHECK OR MONEY ORDER
<input type="checkbox"/> First Death Certificate		x \$21.00	\$	PLEASE DO NOT MAIL CASH
<input type="checkbox"/> Additional Death Certificate(s)		x \$4.00	\$	
<b>TOTAL DUE:</b>			<b>\$</b>	

### STEP 4: ACKNOWLEDGMENT - If you are submitting the application by mail, you must have it notarized before mailing it in.

STATE OF Texas COUNTY of _____ This instrument was acknowledged before me on _____ (date)  By: _____ (name of person acknowledging)  By: _____ Notary Public or Deputy Clerk	(seal)
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------

**WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR 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.)**

### STEP 5: SIGN

Signature of Applicant: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

#### OFFICE USE ONLY

Cash       Check       Money Order      AMOUNT: \$ \_\_\_\_\_

Date: \_\_\_\_\_      Death Certificate Number: \_\_\_\_\_

Document Control Number: \_\_\_\_\_