



Margie Ramirez Ibarra  
WEBB COUNTY CLERK  
COUNTY CLERK'S OFFICE  
1110 VICTORIA ST., SUITE 201, LAREDO, TEXAS 78040

\*\*\*\*\* **BY MAIL ONLY** \*\*\*\*\*

### DEATH CERTIFICATE APPLICATION

**No searches will be processed without a valid photo identification card.** State law requires that any time we search for a certificate and it's not found, we must charge a "SEARCH FEE" equal to the certificate fee. Search fees are not refundable or transferable. **The fee for certified copy of a death certificate is \$21.00 each and \$4.00 additional copy.** The fee is charged regardless of whether a record is found or not. (Texas Health & Safety Code 191.00h.). **Effective 3/21/2019, death certificates will be mailed out as Certified Mail. Please include an additional \$8.69 for postage on separate check or money order. Make sure you are eligible to apply:** Mother, Father, Brother, Sister, Children, Spouse, Grandparents, Step-Parents, or Siblings, Legal Guardian or Representative. **Health & Safety Code is amended by adding Section 191.031 to read as follows: Sec 191.0031. CERTIFIED COPIES BY MAIL. The state registrar or a local registrar may not issue a certified copy of a record under this chapter to a person who has applied for the record by mail unless the person has provided notarized proof of identity.**

**No se procesaran búsquedas sin identificación válida que traiga una fotografía.** La ley estatal requiere que cuando se busca una acta y no se encuentra, se cobra un "CARGO DE BUSQUEDA" igual al costo del certificado. El cargo no es regresado no transferible. **La cuota por la Copia de Certificado de defuncion es de \$21.00 por cada una y \$4.00 por copia adicional.** La cuota se cobrara ya sea que se encuentre o no el Registro solicitado (Codigo de Salud Y Seguridad de Texas 191.00h). **Efectivo 3/21/2019, se enviara por certificado la acta de nacimiento. Por favor incluya \$8.69 adicional para gastos del correo en cheque o cheque de caja separado. Asegure que califica para aplicar:** Madre, Padre, Hermand(a), Hijo(a), Esposo(a), Abuelos(as), Padrastro, Hermanastro(a), Custodia Legal o Represente Legal.

**Codigo de salud y seguridad se enmienda al agregar la seccion 191.031 para leer como sigue: 191.0031 seq. COPIAS CERTIFICADAS POR CORREO. El Secretario de estado o un registrador local no puede emitir una copia certificada de un registro bajo este capitulo a una persona que ha solicitado el registro por correo a menos que la persona ha proporcionado identidad prueba notarial.**

### DEATH INFORMATION

1. NAME \_\_\_\_\_ 2. SEX \_\_\_\_\_  
(Nombre) Given Name(s)- (primer nombre) Last name (Apellido) (Sexo)

3. DATE OF DEATH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(Fecha de defuncion) Month(Mes) Day(Dia) Year(Año) (FALLECIDO) Month (Mes) Day(Dia) Year (Año)

4. PLACE OF DEATH \_\_\_\_\_  
(Lugar de defuncion) City or Town (Ciudad o Pueblo) County (Condado) State (Estado)

5. FATHER (Padre) \_\_\_\_\_  
First Name(Primer Nombre) Middle Name( Segundo) Last Name (Apellido)

6. MOTHER (Madre) \_\_\_\_\_  
First Name (Primer Nombre) Middle Name(Segundo) Last Name (Apellido)

### Applicant's Name / Solicitante

7. NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
(Nombre del Solicitante) (Teléfono)

8. ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
(Domicilio) (Ciudad /Estado) (Codigo Postal)

9. MY PURPOSE IN OBTAINING THE COPY \_\_\_\_\_ NO. OF COPIES \_\_\_\_\_  
(Propósito de Solicitud) (Candtidad de Copias)

10. RELATIONSHIP TO PERSON ON RECORD (Relacion o parentesco con la persona registrada) \_\_\_\_\_

11. Would you like to make a voluntary contribution of \$5 to promote healthy early childhood by supporting the Texas Home Visiting Program of the Texas Office of Early Childhood Coordination? Yes \_\_\_\_\_ or No \_\_\_\_\_

I AGREE TO CONDITIONS (YO ACEPTO LAS CONDICIONES) \_\_\_\_\_  
Signature of Applicant (Firma del Solicitante)

**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. A person commits an offense if the person intentionally or knowingly makes a false statement or directs another person to make a false statement in an application for a certified copy of vital records. [HSC 195.003(a)(1-4)]**

# 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 OF 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 _____	
Now residing at _____	
(Address)	(City)
(State)	(Zip Code)
who is related to the person named on Part 1 as _____ and who on oath deposes and	
(Relationship)	
says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me this _____ day of _____, 20_____.	
<i>(Personalized Seal)</i>	Signature of Notary Public
	Commission Expires
	Typed or Printed Name
	Street Address
	City, State, and Zip

**WARNING: IT IS 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 UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 198, SEC. 195.003)**

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

WEBB COUNTY CLERK'S OFFICE

1110 VICTORIA ST. SUITE 201, LAREDO, TEXAS 78040

**(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT PROCESSED)**