



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

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.). **Make sure you are eligible to apply:** Mother, Father, Brother, Sister, Children, Spouse, Grandparents, Step-Parents, or Siblings, Legal Guardian or Representative.

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 defunción 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 (Código de Salud Y Seguridad de Texas 191.00h). **Asegure que califica para aplicar:** Madre, Padre, Hermano(a), Hijo(a), Espos(a), Abuelos(as), Padrastro, Hermanastro(a), Custodia Legal o Represente Legal.

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) (Fecha de nacimiento) 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) (Código Postal)

9. MY PURPOSE IN OBTAINING THE COPY _____ NO. OF COPIES _____
 (Propósito de Solicitud) (Cantidad de Copias)

10. RELATIONSHIP TO PERSON ON RECORD (Relación 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)]

FOR OFFICE USE ONLY

DATE:	BATCH CTRL NO.	FEE\$ _____ RECEIPT# _____
VOLUME: _____ PAGE: _____	PROCESSED BY:	ISSUED: _____ YES _____ NO (_____ DNI _____ NOT FOUND)