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CAMERON COUNTY CLERK  
VITAL STATISTICS (956) 544-0817  
FAX (956) 550-1322

**APPLICATION FOR DEATH CERTIFICATE**  
(SOLICITUD PARA REGISTRO DE DEFUNCION)

**DEATH (DEFUNCION)**

**\*\*PLUS A \$10.00 SEARCH FEE\*\***

\_\_\_\_\_ CERTIFIED COPY @ \$21.00 EACH

(COPIA CERTIFICADA)

CERT# \_\_\_\_\_

\_\_\_\_\_ ADDITIONAL COPIES @ \$4.00 EACH

(COPIAS ADICIONALES)

RECT# \_\_\_\_\_

**\*\*NO REFUNDS / NO DEVOLUCIONES\*\***

**1. FULL NAME OF PERSON ON RECORD (NOMBRE COMPLETO DE LA PERSONA EN EL REGISTRO)**

**2. DATE OF DEATH (FECHA DE FALLECIMIENTO)**

**3. SEX (SEXO)**

**4. PLACE OF DEATH (LUGAR DE FALLECIMIENTO):**

A: CITY (CIUDAD):

B: COUNTY (CONDADO):

C: STATE (ESTADO):

**5. FULL NAME OF FATHER:**  
(NOMBRE COMPLETO DEL PADRE)

**6. FULL MAIDEN NAME OF MOTHER:**  
(NOMBRE COMPLETO CON APELLIDO DE SOLTERA)

7. APPLICANT'S NAME (SU NOMBRE): \_\_\_\_\_

8. MAILING ADDRESS (SU DIRECCION): \_\_\_\_\_

9. TELEPHONE # (SU NUMERO DE TELEFONO): \_\_\_\_\_

10. RELATIONSHIP TO PERSON ON ITEM #1: \_\_\_\_\_  
(PARENTESCO A LA PERSONA DEL REGISTRO)

11. PURPOSE FOR OBTAINING RECORD: \_\_\_\_\_  
(LA RAZON POR LA CUAL NECESITA EL REGISTRO)

\_\_\_\_\_  
SIGNATURE OF APPLICANT  
(FIRMA DEL APLICANTE)

\_\_\_\_\_  
TODAY'S DATE  
(FECHA DEL DIA DE HOY)

FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE (CALL 956-544-0817 FOR FEE VERIFICATION). FOR ANY SEARCH OF THE FILES WHERE A RECORD IS NOT FOUND, THE SEARCH FEE IS NOT REFUNDABLE OR TRANSFERABLE.

BIRTH RECORDS ARE CONFIDENTIAL FOR 75 YEARS AND DEATH RECORDS FOR 25 YEARS; THEREFORE, ISSUANCE IS RESTRICTED. PLEASE ATTACH A VALID PHOTOCOPY STATE ID.

\*\*\*\*\*WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THE FORM CAN BE SUBJECT TO A 2-10 YEARS IMPRISONMENT AND A FINE UP TO \$10,000.  
(HEALTH AND SAFETY CODE CHAPTER 195, SEC 195.003)