

**BOSQUE COUNTY CLERK
P O BOX 617
MERIDIAN, TX 76665**

FOR OFFICE USE ONLY

CERT# _____ DATE _____ BY _____

DEATH:

FIRST CERTIFICATE IS \$21.00 - EACH ONE AFTER IS \$4.00

2=\$25.00 3=29.00 4=33.00 5=37.00 6=41.00 7=45.00 8=49.00 9=53.00 10=57.00

AMOUNT: _____

INFORMATION OF DECEASED

FIRST _____ MIDDLE _____ LAST _____

DATE OF DEATH: _____

PLACE OF DEATH:

CITY _____ COUNTY _____

FATHER'S NAME _____

MOTHER'S MAIDEN NAME _____

SOCIAL SECURITY # _____

PLACE OF BIRTH _____ DATE OF BIRTH _____

THIS SECTION TO BE COMPLETED BY PERSON APPLYING

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

RELATIONSHIP TO PERSON ON RECORD _____

PURPOSE FOR OBTAINING THIS RECORD _____

TELEPHONE _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 1-20 YEARS IN PRISON AND A FINE UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC 195.003)

SIGNATURE _____ DATE _____

YOU MUST INCLUDE COPY OF DRIVERS LICENSE OR VALID STATE ID CARD