

City of San Antonio – Office of the City Clerk – Vital Records Division



Mail completed **Notarized** application, **Copy of Valid ID** and **Personal Check** with copy of **check holder/signee's Valid ID** or **Money Order** payable to the

City of San Antonio to the address below:
Department of Vital Records – 719 S. Santa Rosa, San Antonio, TX 78204.

Proof of relationship is required for applicants.

For questions or assistance, contact us at (210)-207-8781.

OFFICE USE ONLY
File No: _____
Sheet No: _____

Mail Application for Death Certificate

PAYMENT AMOUNT SHOULD INCLUDE: CERTIFICATE FEE, SHIPPING FEE, AND ADDITIONAL COSTS IF SELECTED (ADDITIONAL COPIES/PLASTIC SHEET COVERS). All funds are deposited to the City of San Antonio Accounts.

Type	# of copies	Cost	Amount
Certified Copy (1 copy, ONLY deaths that occurred in Bexar County)		\$21.00	A.
Additional Certified Copies		\$4.00	B.
Plastic Sheet Cover		\$2.00	C.
Standard Shipping (3-5 business days) <u>REQUIRED FOR MAIL IN APPLICATIONS</u>			D. \$14.50
Total Amount Due: Combine all the costs from boxes A, B, C and D then enter the total amount into box E.			E.

IDENTIFY DEATH CERTIFICATE INFORMATION (Part I) – Full Name of Person on Record- **DATE OF DEATH IS REQUIRED**

First Name		Middle Name		Last Name	
Date of Death	Month	Day	Year	Sex	
Place of Death	City or Town		County		State
Full Name of Parent 1	First Name		Middle Name		Maiden Name /Last Name
Full Name of Parent 2	First Name		Middle Name		Maiden Name /Last Name

APPLICANT INFORMATION (Part II) – Person Requesting Death Certificate

Applicant Name		Telephone #	Email Address	
Full Mailing Address		City	State	Zip
Relationship to person listed above:		Purpose for obtaining this record:		

I authorize mailing to the address below. I have verified that the address below will receive my order.

Name of Person Receiving Copies, if Different from Applicant				
Mailing Address for Copies, if Different from Applicant				
City		State		Zip

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III)

STATE OF _____ COUNTY OF _____ Before me on this day appeared _____
(Applicant name)

now residing at _____
(Address) (City) (State) (Zip code)

who is related to the person named on Part I as _____ and who on oath deposes and says that the contents of this affidavit are true and correct.
(Relationship)

The applicant presented the following type and number of identification: _____

Applicant Signature _____

Sworn to and subscribed before me, this ____ day of _____, 20__.

Signature of Notary Public and Notary ID Number _____

(Seal) Typed or Printed Name: _____

Commission Expires: _____

Street Address, City, State, 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 OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)