

**REEVES COUNTY APPLICATION FOR DEATH RECORD**

\_\_\_\_\_ Certified Copy - \$21.00  
\_\_\_\_\_ Extra Copy - \$4.00 each copy

1. Full Name on Death Record (Nombre de la Persona en el Registro)

\_\_\_\_\_

2. Date of Death (Fecha de Fallecimiento)

\_\_\_\_\_

3. Place of Death (Lugar de Fallecimiento)

\_\_\_\_\_ REEVES \_\_\_\_\_  
City (Ciudad) County (Condado) State (Estado)

4. Full Name of Father (Nombre del Padre)

\_\_\_\_\_

5. Full Maiden Name of Mother (Nombre de la Madre antes de ser Cazada)

\_\_\_\_\_

6. Date of Birth of Deceased (Fecha de Nacimiento del Difunto)

\_\_\_\_\_

7. Social Security Number of Deceased (Numero de Seguro del Difunto)

\_\_\_\_\_

8. Place of Birth of Deceased (Lugar de Nacimiento del Difunto)

\_\_\_\_\_

9. Applicant's Name (Nombre de la Persona Aplicando para Registro)

Phone No.: \_\_\_\_\_

\_\_\_\_\_

10. Applicant's Address & Telephone Number (Direccion de la Persona Aplicando)

\_\_\_\_\_

11. Relationship to Person on Death Certificate (Relacion de la Persona en el Registro)

\_\_\_\_\_

12. Purpose in Obtaining Record (Razon en Obtener el Registro)

\_\_\_\_\_

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$5,000. (VERNON'S TEXAS HEALTH & SAFETY CODE, CHAPTER 195)

Signature of Applicant (Firma de el Aplicante)

Date of Application (Fecha de la Aplicacion)

\_\_\_\_\_

\_\_\_\_\_

FOR OFFICE USE ONLY:

TYPE OF ID & NUMBER: \_\_\_\_\_

Deputy: \_\_\_\_\_

LEGAL SIZE CERTIFICATE # \_\_\_\_\_

## 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 ON 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 _____ (Name)
now residing at _____ (Address) (City) (State)
who is related to the person named on Part I as _____ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.
Signature _____
Sworn to and subscribed before me, this _____ day of _____, 20 _____.

*(Seal)*

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 OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)**

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

Reeves County Clerk  
Attn: Vitals Dept.  
P.O. Box 867  
Pecos, Texas 79772

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