Deaths Certificates occurring within Victoria County

Fee $21.00 - first certified copy

$4.00 for additional certified copy of same record

Poly Cover – Large - 50¢

Office Use Only

Certificate No. _____

File No. 02 - _____

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APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

City Secretary's Office
City of Victoria
P. O. Box 1758
Victoria, Texas 77902
(361) 485-3040 Fax (361) 485-3045

INFORMATION ABOUT PERSON WHOSE DEATH CERTIFICATE IS REQUESTED

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Death * * * * * * * * *	Month	Day Year	3. Sex
4. Place of Death * * * * * * * * *	City or Town	County	State
5. Full Name of Father	First Name	Middle Name	Last Name
6. Full Maiden Name of Mother	First Name	Middle Name	Last Name

INFORMATION ABOUT PERSON REQUESTING DEATH CERTIFICATE

7. Purpose for which Death Certificate is to be used:_____

8. Relationship to person named in Item 1:_____

9. Your Name:_____ 10. Telephone_____

11. Mailing Address:_____
Address City State Zip Code

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN BE 2 TO 10 YEARS IN PRISON AND A FINE OF UP TO $5,000.00. (Health and Safety Code, Chapter 678, Section 195.003)

_____ _____
Signature of Applicant Date

_____

Identification Required - Picture ID, such as Driver's License, or two other types of ID, One of which contains a signature.