

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 \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC 195.003)
 Death records are confidential for 25 years, therefore, issuance is restricted. The record may be obtained when sufficient information for identification is provided.
 Administrative rules require that on restricted records, *all identifying information* must be provided in order to issue such record being requested along with a Xerox copy of the identification from the person requesting the record.

Print out and mail this form with your payment to:

For Office Use Only Cert. # _____ DOCUMENT CONTROL# _____ _____ By: _____

Jannett Pieper, Kerr County Clerk
 700 Main St, #122
 Kerrville, Texas 78028
 Tel: (830) 792-2255
 Fax: (830) 792-2274

<p align="center">DEATH</p> Amount Requested _____ Certified Copy \$21.00 _____ Each Additional Copy* \$4.00 (* of the same record)

**Application for
Kerr County Death Record**

Please Print

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	Maiden Name	

7. Your Name : _____ 8. Telephone: () _____

9. Mailing Address: _____ City: _____ State/Zip: _____

10. Relationship to person named in Item 1 above: _____

11. Purpose for obtaining this record: _____

12. Additional identifying information for DEATH certificate:

Social Security Number of Deceased _____ Birth Date _____ Birth Place: _____

For any search of the files where a record is NOT found, the search fee is non-refundable or transferable. Cashier Check or Money Order for amount of purchase only.

Your Signature: _____

Date of Application: _____