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| By  |              |   |                | APPLICATION FOR BIRTH OR DEATH RECORD   |                          |  | Ву          |                 |                   |        |  |
|   |              |   |                |   | DEATH RE<br>ASE PRINT    |  | ,           |                 |                   |        |  |
|   | Birth        | Certificate                                     | es             |   | ASE FIXINT               | •                                      |             | eath Certific   | ates              |        |  |
| Гуре  |              |   | # of copies=   |   |                          |  |             | Cost X          | # of copies=      | Tota   |  |
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|   |              |   |                |   |                          |  |             |                 |                   |        |  |
| 1. Full Name of<br>Person on Record               | First Name   |   |                | Middle Name                             |                          | Last Name                              |             |                 |                   |        |  |
| 2. Date of Birth or<br>Death                      | Month        |   |                | Day Year                                |                          | 3. Sex                                 |             |                 |                   |        |  |
| 4. Place of Birth or<br>Death                     | City or Town |   |                | County                                  |                          |  | State       |                 |                   |        |  |
| 5. Full Name of<br>Father                         | First Name   |   |                | Middle Name                             |                          |  | Last Name   |                 |                   |        |  |
| 6. Full Maiden<br>Name of Mother                  | First Name   |   |                | Middle Name                             |                          |  | Maiden Name |                 |                   |        |  |
| 7. YOUR NAME                                      |              |   |                |   | 8. TELEPHONE #           |  |             | )<br>3:00-5:00) |                   |        |  |
|   |              |   |                |   |                          |  | (IVIOIN-FRI | 5.00-5.00)      |                   |        |  |
| 9. MAILING ADDRE                                  |              | TREET ADI                                       | ORESS          |   | CITY                     |  | STATE       |                 | ZIP               |        |  |
| 10. RELATIONSHIP TO PERSON NAMED IN ITEM 1:       |              |   |                |   |                          | 11. PURPOSE FOR OBTAINING THIS RECORD: |             |                 |                   |        |  |
| 12. WILL THIS REC                                 | ORD BE US    | SED TO OE                                       | BTAIN A PASSP  | ORT, FOR IM                             | MIGRATION                | OR FOR THE                             | INDIAN REG  | GISTRY?         | ☐ YES             | □ NC   |  |
| 13. ADDITIONAL INFORMATION FOR DEATH CERTIFICATE: |              |   |                |   | BIRTHDA                  | BIRTHDATE                              |             |                 | BIRTH PLACE       |        |  |
|   |              |   |                |   | SOCIAL                   | SECURITY                               | NUMBER (    | OF DECEAS       | SED:              |        |  |
| ☐ I authorize ma                                  | iling to the | address b                                       | elow instead o | of my mailing                           | g address. I             | have verified                          | that the ac | dress belov     | v will receive my | order. |  |
|   |              |   |                |   | STREET                   | ADDRESS _                              |             |                 |                   |        |  |
| NAME  |              |   |                |   |                          |  |             |                 |                   |        |  |

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN 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)
VS-142.3 Rev. 11/2005

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