

CITY OF TEXARKANA, TEXAS
 Vital Statistics - P. O. Box 1967
 Texarkana, Texas 75504
 PH: (903)798-3911 FX: (903)798-1757

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

BIRTH CERTIFICATE _____

DEATH CERTIFICATE _____

I need _____ Copy(s) = \$23.00 Each

_____ First Copy = \$21.00 _____

_____ Additional Death Certificates = \$3.00 Each = _____
TOTAL = _____

1. NAME ON CERTIFICATE: _____

First

Middle

Last

2. DATE OF BIRTH: _____

Month/ Day/ Year

3. Sex: Female or Male

4. PLACE OF BIRTH OR DEATH: _____

City

County

State

5. FATHER'S NAME : _____

First

Middle

Last

6. MOTHER'S NAME : _____

First

Middle

MAIDEN NAME

7. NAME OF PERSON COMPLETING FORM: _____

First

Middle

Last

8. CURRENT ADDRESS: _____

Street Address

City

State

Zip Code

9. TEL. NO.: (____) _____ - _____

10. RELATIONSHIP TO PERSON ON THE CERTIFICATE: SELF/SPOUSE___ PARENT___ GRANDPARENT___ SIBLING___

11. PURPOSE FOR CERTIFICATE: LEGAL___ PASSPORT___ PERSONAL RECORDS___ DRIVERS LIC. ___ SCHOOL___

12. **Death Certificate Only:** SOCIAL SECURITY # _____ DATE OF DEATH: _____

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, SEC. 195.003)

13. YOUR SIGNATURE: _____ **DATE:** _____

For office use only:

Identification type:	File No:	Security Paper No:	Receipt No:

This Application must be accompanied with your payment and a legible photocopy of your Valid photo ID