



City of Texarkana, TX Vital Statistics

Physical: 220 Texas Blvd (75501) Mail: P.O. Box 1967 Texarkana, TX 75504
Phone: 903-798-3900 Fax: 903-798-1757 \$2 MORE FOR MAIL IN REQUEST

Application for Certificate

INSTRUCTIONS Read all instruction carefully before completing the application.

- A photocopy of your Valid ID **MUST** be mailed in with this application.
- *Your signature is required and indicates that the information given is true and correct, under penalty of law.

APPLICANT:		VALID I.D. IS REQUIRED		Please Print	
Your Name (Person completing form)			Relation to Person on Certificate: Spouse, Parent Grandparent, Brother/Sister, Other: _____		
Your Mailing Address		City	State	Zip Code	
Phone Number	Purpose for Certificate: Legal, Insurance, Personal, Other: _____		*Your Signature		Date Signed

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)

DEATH \$21 1st certificate / \$4 for each additional certificate. 1st copy _____ Additional Copies _____

Full Name on Death Certificate (First, Middle, Last)		Sex	Date of Death
Wake Village, Nash, Texarkana Texas Deaths ONLY			
Father/Parent's First Name	Middle Name	Last Name	
Mother/Parent's First Name	Middle Name	Mother Maiden Name	

To your knowledge, has there ever been a name change or amendment filed to this certificate? Yes / No

MAIL APPLICANTS MUST COMPLETE THIS SECTION IN FRONT OF A NOTARY

_____ personally appeared before me and being first duly sworn, declared that he/she has filled out the above application and declared under penalty of perjury that all statements made in this supporting document are true and correct.

(Printed name of **Applicant**)

Signature of applicant: _____

Signed and affirmed in my presence on this _____ day of _____, 20_____ (seal)

Notary Signature: _____
 Notary Printed Name: _____
 State of _____ County of _____
 My commission expires: _____

(Rev 08/2019 jcl)

REV 10/18/2018 RD

For Office Use Only: ID / DL	Issued By:	Receipt No:	Pay Type: CA CK MO Card	Poly Env: YES NO
Local Database Count: YES N/A	Mail Date:	Mail Log: YES Received / YES Completed	Application Log: YES	
Security Paper No: Long /Short	File No:	NOTES:		