



# 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. 1<sup>st</sup> 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 whose identity I proved on the basis of satisfactory evidence to be the  
(Printed name of applicant) signer of the above instrument.

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 10/18/2018 RD

<b>For Office Use Only:</b> 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:		