



# CITY OF TEXARKANA, TEXAS

Vital Statistics - P. O. Box 1967 Texarkana, Texas 75504

PH: 903-798-3900 FX: 903-798-1757

## SUBSTITUTE APPLICANT BASED ON NOTARIZED STATEMENT

**VALID I.D. IS REQUIRED FOR ALL APPLICANTS** **PLEASE PRINT**

Full Name on Death Certificate: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Sex: Male or Female \_\_\_\_\_ City / County of Death: \_\_\_\_\_ **TEXAS ONLY**

Father/Parent's Full Name: \_\_\_\_\_

Mother/Parent's Full Name: \_\_\_\_\_ Maiden Last Name (if different): \_\_\_\_\_

**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** \_\_\_\_\_

### Substitute Applicant Information (Person receiving the DEATH Certificate)

Full Name of *Substitute Applicant*: \_\_\_\_\_

Current Address of *Substitute Applicant*: \_\_\_\_\_

*Substitute Applicant's* Phone No: \_\_\_\_\_ Purpose for Certificate: \_\_\_\_\_

*Substitute Applicants* Signature: \_\_\_\_\_

### Qualified Applicant Information must include NOTARIZED STATEMENT

I, (Name of *Qualified Applicant*) \_\_\_\_\_ give permission to (Name of *Substitute Applicant*) \_\_\_\_\_

to pick up the certificate of (Full Name on certificate) \_\_\_\_\_.

*Qualified Applicant's* Daytime Phone: \_\_\_\_\_

*Qualified Applicant's* Home Address: \_\_\_\_\_

\_\_\_\_\_ personally appeared before me and being first duly sworn, declared that he/she has filled out (Printed name of *Qualified Applicant*) the above application and declared under penalty of perjury that all statements made in this supporting document are true and correct.

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 07/12/2019 JE

<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	Application Log: YES	NOTES:		
Security Paper No: Long / Short	File No: _____			