



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 – DEATH CERTIFICATE

\$21 for the 1st certificate; \$4 for each additional certificate

\$2 more for mail request

VALID I.D. IS REQUIRED FOR ALL APPLICANTS

PLEASE PRINT

Full Name on Death Certificate:

Date of Birth:

Date of Death:

Sex: Male or Female

Place of Death: Wake Village, Nash, Texarkana TX 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)

Substitute Applicant Information (Person receiving the Death Certificate) This section must be *notarized if mailed*

Full Name of *Substitute Applicant*:

Current Address of *Substitute Applicant*:

Substitute Applicant's Phone No:

Purpose for Certificate:

_____ 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 *Substitute Applicant*)

Signature of *Substitute Applicant* Signed and affirmed in my presence on this _____ day of _____, 20____

Notary Signature: _____

Notary Printed Name: _____ (seal)

State of _____ County of _____

My commission expires: _____

Qualified Applicant Information must include NOTARIZED STATEMENT

I, (Name of *Qualified Applicant*) _____ am giving, (Name of *Substitute Applicant*) _____ permission 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 the above application and declared under penalty of perjury that all statements made in this supporting document are true and correct.
(Printed name of *Qualified Applicant*)

Signature of *Qualified Applicant* Signed and affirmed in my presence on this _____ day of _____, 20____

Notary Signature: _____

Notary Printed Name: _____ (seal)

State of _____ County of _____

My commission expires: _____

(Rev 08/2019 jcl)

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:		