



City of Texarkana, TX Vital Statistics

Mail this completed application, payment and photocopy of your valid US photo ID to:

City of Texarkana Texas Vital Statistics Office, Texarkana, TX 75503

Phone: 903-798-3900 Fax: 903-798-1757

****We are not responsible for lost or misdirected mail ****

Application for DEATH 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: Informant, Funeral Home, <i>Proof required for the following relationship: Child, Spouse, Parent, Brother/Sister, Grandparent, Legal Representative</i>		
Your Mailing Address		City	State	Zip Code
Phone Number	Purpose for Certificate: Legal, Insurance, Records, 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 / ADD \$2 MORE FOR MAIL IN REQUEST

QUANTITY - 1st copy 1 Additional Copies _____

Full Name on Death Certificate (First, Middle, Last)	Sex	Date of Death
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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.

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 04/04/2022 rb

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:	Verified Mail Before Shipping:	Mail Log: YES Received / YES Completed	
Security Paper No: Long /Short	File No:	NOTES:	Application Log: YES	