



CITY OF TEXARKANA, TEXAS

Vital Statistics - 220 Texas Blvd. Texarkana, Texas 75501

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 Birth:

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.

1st 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 DEATH 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
(Printed name of *Qualified Applicant*) completed 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 04/11/2022 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	Application Log: YES	NOTES:	Verified before Printing:	
Security Paper No: Long / Short	File No:			

The City of Texarkana, Texas has given me the appropriate change amount or full refund for the above cash transaction.

Signature: _____
(This signature acknowledgement confirms receipt of cash transactions only that require change or a full refund.)