



City of Texarkana, TX Vital Statistics

Mail-in or Drop-off this Completed Application, Payment and Photocopy of your Valid U.S. Photo ID to:

City of Texarkana Texas - Vital Statistics - 220 Texas Blvd., Texarkana, TX 75501

Phone: 903-798-3910 Fax: 903-798-1757

****the City is not responsible for lost or misdirected mail ****

MAIL-IN/DROP-OFF Application for DEATH CERTIFICATE

INSTRUCTIONS

Read all instructions carefully before completing the application.

- **A photocopy of your Valid ID MUST be mailed in with this application. **NO CASH** CHECKS OR MONEY ORDERS ONLY.**
- ***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 (First, Middle, Last - Person completing form)		Relation to Person on Certificate: Funeral Home, Child, Spouse, Parent, Brother/Sister, Grandparent, Other _____		
Your Mailing Address _____		City _____	State _____	Zip Code _____
Phone Number _____	Reason for Request: Estate, 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 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 A \$2 MAILING FEE FOR ORDER

QUANTITY - 1st copy 1 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

ALL 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.

(Printed name of **Applicant**)

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 4-28-2025

For Office Use Only: ID / DL	Issued By: _____	Receipt No: _____	Pay Type: CHECK MONEY ORDER
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