



Mail Application for Death Record

****Please print. Include a copy of applicant's valid photo ID .
MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF ARLINGTON**

These records are protected by the Texas Health and Safety Code and may only be released to a properly qualified applicant, which is defined as an immediate member of the family, a legal or personal representative, or agent.

NOTE: ALL INFORMATION MUST BE COMPLETED BEFORE YOUR ORDER CAN BE PROCESSED.

Fees: \$21.00 (additional copies \$4.00 each)

Certified Mail: (Optional) \$7.00 _____ **Expedite Fee:** \$ (Optional) 5.00 _____

Number of Copies: _____ **TOTAL \$** _____

Name of deceased _____
First Middle Last

Date of death: _____ Place of death: _____
City County State

Name of Applicant: _____ Phone: _____
(person signing the application)

Address of Applicant: _____
street city state zip

Relationship to Person Named on the record: _____

Purpose for Obtaining this Record: _____

Warning: The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Chapter 195.003)

Signature of Applicant

Date of Application

APPLICATIONS WITHOUT SIGNATURE OF APPLICANT WILL NOT BE PROCESSED

City of Arlington Vital Records Office • 101 W. Abram St., MS 01-0110 • Arlington, Texas 76010

REV. 8.16

AFFIDAVIT OF PERSONAL KNOWLEDGE (This section must be signed in the presence of a notary public.)

STATE OF _____ COUNTY OF _____ Before me on this day appeared (name) _____

now residing at (address) _____

who is related to the person named in Part 1 as (relationship) _____ and who on oath desposes and says the contents of this affidavit are true and correct.

Applicant Signature _____

Sworn to and subscribed before me, this _____ day of _____, 20 _____.

Signature of Notary Public _____

Commission Expires _____

Typed or Printed Name _____

Street Address _____

City, State and Zip _____