



APPLICATION FOR A DEATH RECORD

City of Arlington Vital Records Office
101 W Abram St., MS #01-0110, Arlington, Texas 76010
817-459-6777

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)

Number of Copies: _____

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: It is a felony to falsify information on this document. 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