

Mail Application for Death Record

**Please print. Include a copy of applicant's $\underline{\text{valid photo ID}}$. 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 <u>properly qualified applicant</u>, which is defined as <u>an immediate member of the family</u>, a <u>legal or personal representative</u>, <u>or agent</u>.

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

Place of death:		Fees: \$21.00 (add	ditional copies \$4.00 (each)	
Name of deceased First Middle Last Date of death: Place of death: City County Stat Name of Applicant:	Certified Mail: (Optional) \$7.00		Expedite Fee: \$ (Optional) 5.00		
Date of death:	N	umber of Copies:	TOTAL \$		
Name of Applicant:	Name of deceasedFirst	Middle	L	ast	
Name of Applicant:	Date of death:	Place o	f death:	Country	Chaha
(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 1 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 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) move residing at (address) and who on oath desposes and says the coff this affidavit are true and correct. Applicant Signature Sworn to and subscribed before me, this aday of , 20 Signature of Notary Public Commission Expires Commission Expires			City	County	State
Relationship to Person Named on the record:	Name of Applicant:(person signing the application)		F	Phone:	
Relationship to Person Named on the record:	Address of Applicant:stre	et	city	state	zip
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Sworn to and subscribed before me, this day of, 20 Signature of Notary Public Commission Expires		t 1 as (relationship)		_ and who on oath despos	es and says the contents
Signature of Notary Public Commission Expires	Applicant Signature				
Commission Expires		Sworn to and	subscribed before me, this	day of	, 20
· · · · · · · · · · · · · · · · · · ·		Signature of I	Notary Public		
Typed or Printed Name		Commission	Expires		
		* 1			
Street Address City, State and Zip					