

APPLICATION FOR CERTIFIED DEATH CERTIFICATE

OFFICE USE ONLY

MAIL FORM TO: **CITY OF GRAPEVINE
CITY SECRETARY'S OFFICE
P O BOX 95104
GRAPEVINE, TEXAS 76099-9704**

TELEPHONE: 817-410-3181
STREET ADDRESS: 200 South Main Street, First Floor
Grapevine, TX 76051

Certificate No. _____
Control No. _____
Receipt No. _____
Date PU/Mail _____
Issued by _____ LF _____

Number Requested

1 (One) CERTIFIED COPY X \$21.00 = _____

_____ EXTRA COPIES X \$4.00 = _____

TOTAL ENCLOSED = _____

CERTIFICATES ISSUED 9:00 a.m. – 4:00 p.m., Monday – Friday

Please make check/money order payable to City of Grapevine

PLEASE PRINT

MAIL IN APPLICATIONS MUST INCLUDE A NOTARIZED PROOF OF IDENTIFICATION (SEE PAGE 2)

1. NAME ON RECORD _____
FIRST MIDDLE (spelled out) LAST

2. DATE OF DEATH _____ 3. SEX _____
MONTH DAY YEAR

4. DATE OF BIRTH _____ 5. PLACE OF BIRTH _____
MONTH DAY YEAR

6. PLACE OF DEATH Grapevine, Tarrant County, Texas 7. SOCIAL SECURITY NUMBER _____

8. MOTHER'S NAME _____
(PRIOR TO MARRIAGE) FIRST MIDDLE (spelled out) MAIDEN NAME

9. FATHER'S NAME _____
FIRST MIDDLE (spelled out) LAST

10. NAME OF APPLICANT _____
(PERSON SIGNING APPLICATION) FIRST MIDDLE LAST

11. NAME OF FUNERAL HOME _____
(COMPLETE ONLY IF FUNERAL HOME STAFF IS APPLICANT)

12. MAILING ADDRESS _____
STREET ADDRESS APT NUMBER CITY STATE ZIP

13. TELEPHONE NO. _____ EMAIL: _____
(MONDAY – FRIDAY 8 A.M. - 5 P.M.) (FOR MAIL IN REQUESTS)

14. YOUR RELATIONSHIP TO PERSON NAMED IN ITEM 1 _____

15. PURPOSE FOR OBTAINING THIS RECORD _____

WARNING STATEMENT: 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)

SIGNATURE OF APPLICANT

DATE

DRIVER'S LICENSE NUMBER (enclose copy) _____ **MAIL REQUESTS MUST INCLUDE COPY OF PICTURE I.D.**

FEEES ARE SUBJECT TO CHANGE WITHOUT NOTICE (CALL 817-410-3181 FOR FEE VERIFICATION). THE SEARCHING OR INDEXING FEE IS NON-REFUNDABLE EVEN IF A RECORD IS NOT FOUND. DEATH RECORDS ARE CONFIDENTIAL FOR 25 YEARS AND ISSUANCE IS RESTRICTED. ADMINISTRATIVE RULES REQUIRE THAT ON RESTRICTED RECORDS, ALL IDENTIFYING INFORMATION (ITEMS 1-3, 8 AND 9), RELATIONSHIP (ITEM 13), AND PURPOSE (ITEM 14) BE PROVIDED IN ORDER TO ISSUE RECORD. (02/16) DeathApplication

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE			
FULL NAME OF PERSON ON RECORD		DATE OF BIRTH/DEATH	
PLACE OF BIRTH/DEATH (City or County)		SEX	
FULL NAME OF PARENT 1		FULL NAME OF PARENT 2	

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. 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)	(City) (State)
who is related to the person on Part I as _____ and who on oath deposes and	
(Relationship)	
says that the contents of this affidavit signed by me and that the statements are true and correct.	
Applicant Signature _____	

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

(Personalized Seal)

Signature of Notary Public
Commision Expires
Typed or Printed Name
Street Address
City, State and Zip

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)

MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF VALID ID TO:

City of Grapevine
City Secretary's Office
P.O. Box 95104
Grapevine, TX 76099

(APPLICATIONS WITHOUT PHOTO ID AND THE ATTACHED SWORN STATEMENT WILL NOT BE PROCESSED)