Mail Application for Death Record

**Please print. Include a copy of applicant’s valid photo ID.
MAKING 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.

<table>
<thead>
<tr>
<th>Fees: $21.00 (additional copies $4.00 each)</th>
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<tbody>
<tr>
<td>Certified Mail: (Optional) $7.00 _______</td>
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<td>Number of Copies: ___________</td>
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</tbody>
</table>

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 _____________________________