

OFFICE USE ONLY

CERT. # _____

RECEIPT # _____

ISSUED BY _____

CITY OF AMARILLO
OFFICE OF VITAL STATISTICS
509 E. 7TH AVE P.O. BOX 1971
AMARILLO, TX 79105-1971
PHONE (806) 378-9344
FAX (806) 378-3026

OFFICE USE ONLY
METHOD OF PAYMENT

CASH _____ CC _____

CK# _____ CCK/MO _____

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

ONE CERTIFIED COPY X \$ 21.00 = _____ PLASTIC SLEEVE \$2.00 _____

EXTRA CERTIFIED COPIES X \$ 4.00 = _____

TOTAL PAID = _____

PLEASE PRINT

1. NAME ON RECORD _____
(NOMBRE) FIRST (PRIMER) MIDDLE (SEGUNDO) LAST (APELLIDO)
2. DATE OF DEATH _____
(FECHA DE MUERTE) MONTH (MES) DAY (DIA) YEAR (ANO)
3. PLACE OF DEATH _____
(LUGAR DE MUERTE) CITY (CIUDAD) or COUNTY (CONDADO)
4. FULL NAME OF PARENT 1 _____
(MADRE OR PADRE) FIRST (PRIMER) MIDDLE (SEGUNDO) LAST (APELLIDO)
5. FULL NAME OF PARENT 2 _____
(MADRE OR PADRE) FIRST (PRIMER) MIDDLE (SEGUNDO) LAST (APELLIDO)
6. APPLICANT'S NAME _____ TELEPHONE #: () _____
(NOMBRE APPLICANTE) (NÚMERO DE TELÉFONO) (MON-FRI 8:00-5:00)
7. MAILING ADDRESS: _____
STREET ADDRESS (DIRECCION) CITY (CUIDAD) STATE(ESTADO) ZIP
8. RELATIONSHIP TO PERSON NAMED ON CERTIFICATE: _____
(RELACION A PERSONA EN EL CERTIFICADO)
9. PURPOSE FOR OBTAINING THE CERTIFICATE: _____
(RAZON PARA OBTENER EL CERTIFICADO)

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 678, SEC. 195.003)

LA PENALIDAD POR COMETER ALGUNA DELARACIÓN FALSA CONSIETEMENTE EN ESTE DOCUMENTO PODRIA SER DE 2-10 AÑOS EN PRISION Y UNA MULTA DE \$10.000.

 SIGNATURE OF APPLICANT (FIRMA)

 DATE (FECHA)

FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE (CALL 806-378-9344 FOR FEE VERIFICATION). THE SEARCHING OR INDEXING FEE IS NON-REFUNDABLE EVEN IF A RECORD IS NOT FOUND.

BIRTH AND DEATH RECORDS ARE CONFIDENTIAL, THEREFORE, ISSUANCE IS RESTRICTED. RECORDS MAY ONLY BE OBTAINED WHEN SUFFICIENT INFORMATION FOR IDENTIFICATION IS PROVIDED. PLEASE ATTACH A PHOTOCOPY OF ID TO APPLICATION.

ADMINISTRATIVE RULES REQUIRE THAT ON RESTRICTED RECORDS, ALL IDENTIFYING INFORMATION (ITEMS 1-5), RELATIONSHIP (ITEM 8), AND PURPOSE (ITEM 9) BE PROVIDED IN ORDER TO ISSUE THE RECORD.