

# 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 NOTORIZED 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 FUNERAL HOME- (complete only if funeral home staff is applicant) \_\_\_\_\_

11. NAME OF APPLICANT \_\_\_\_\_  
(person completing application)

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. (07/18) Death Application