

# 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 = \$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

**NOTARIZED PROOF OF IDENTIFICATION**

<b>PART I. ENTER NAME, DATE AND PLACE OF DEATH</b>	
FULL NAME OF PERSON ON RECORD	DATE OF DEATH
PLACE OF DEATH (City or County)	SEX
<b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED</b>	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED
APPLICANTS NAME <i>(person requesting the certificate)</i>	

**AFFIDAVIT OF PERSONAL KNOWLEDGE**

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC</b>
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
Commission 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)**

## INSTRUCTIONS FOR MAIL IN APPLICATION FOR CERTIFIED DEATH CERTIFICATE

**MAIL IN APPLICATIONS MUST INCLUDE NOTARIZED PROOF OF IDENTIFICATION**

(Records available for deaths occurring in Grapevine, Texas since August 1973)

Indicate the number of certificates requested and compute the amount of money to be sent. **Please do not send cash through the mail.** We suggest you send either a personal check or money order made payable to: City of Grapevine.

Item 1. Name on Record: State the full name of the person as shown on the death record.

Item 2. Date of Death: Give the exact date of death. This application is only valid for deaths occurring in Grapevine, Tarrant County, Texas since August 1973.

Item 3. Sex: Enter Male or Female.

Item 4. Date of Birth: Give the date of deceased's birth. This information assists staff in positively identifying a record

Item 5. Place of Birth: Give the city, county or state where deceased was born. This information assists staff in positively identifying a record.

Item 6. Place of Death: This application is only valid for deaths occurring in Grapevine, Tarrant County, Texas since August 1973

Item 7: Social Security number. Give social security number of deceased, if known. This information assist staff in positively identifying a record

Item 8. Mother's Name: Give the full name (including mother's maiden name) as shown on the death record.

Item 9. Father's Name: Give the full name as shown on the death record.

Item 10. Name of Funeral Home: Complete ONLY if funeral home staff is applicant..

Item 11. Name of applicant. Person completing the application.

Item 12. Mailing address. Give your complete mailing address.

Item 13. Telephone Number: Give a telephone number with area code where you can be reached between the hours of 8 am and 5 pm, Monday through Friday.

Email address: Give an email address where you can be reached between the hours of 8 am and 5 pm, Monday through Friday.

Item 14. Relationship to person named on record: State how you are related to the person on the death record.

Item 15. Purpose for obtaining this record: State the reason or purpose for which you are requesting this record.

\*Enclose a copy of current **Driver's License, U.S. Passport or State Identification Card**, and a completed Notarized Proof of Identification.

Should you require further assistance, please call us at 817-410-3181.