

**DEATH RECORD APPLICATION**

NUMBER REQUESTED:

\_\_\_\_\_ FIRST COPY .....\$20.00  
\_\_\_\_\_ ADDITIONAL COPIES.....\$ 3.00 each

CONDUCTING EACH SEARCH OF THE FILES WHEN A DEATH RECORDS IS NOT FOUND OR A CERTIFIED COPY IS NOT ISSUED A SEARCH FEE OF \$5.00 WILL BE CHARGED

NAME ON DEATH

CERTIFICATE \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
MONTH DAY YEAR MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
(CHECK ONE)

FULL MAIDEN NAME

OF MOTHER \_\_\_\_\_

FULL NAME OF FATHER \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

PLACE OF BIRTH

\_\_\_\_\_ CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ COUNTRY \_\_\_\_\_

YOUR NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET \_\_\_\_\_

\_\_\_\_\_ CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

YOUR RELATIONSHIP  
TO PERSON ON  
DEATH CERTIFICATE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PURPOSE IN OBTAINING  
THIS RECORD \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**WARNING:**

THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE UP TO \$10,000. A PERSON COMMITS AN OFFENSE IF THE PERSON INTENTIONALLY OR KNOWINGLY MAKES A FALSE STATEMENT OR DIRECTS ANOTHER PERSON TO MAKE A FALSE STATEMENT IN APPLICATION FOR A CERTIFIED COPY OF VITAL RECORDS.

[HSC§195.003(a-4)]

MAIL APPLICATION WITH A COPY OF YOUR VALID DRIVERS LICENSE AND A SELF-ADDRESSED STAMPED ENVELOPE TO:

CITY OF BENBROOK  
P.O. BOX 26569  
BENBROOK, TEXAS 76126-0569