



NORTHEAST TEXAS PUBLIC HEALTH DISTRICT

815 N. Broadway Ave.
Tyler, TX 75702
www.healthyeasttx.org
903-535-0030

Quantity:

Protective Plastic Sleeve \$1 each

1 Initial Certificate \$21

Each Additional Certificate \$4

State ID Copy /Office Use Only

*Non-refundable search fee of \$20 will apply for all death records not found. * Health & Safety Code §191.0045 (a)(1), (e)(3)

Death Record Information

Form with fields for Full Name on Record, Date of Death, Place of Death, Full Maiden Name of Mother, Full Name of Father, and sub-fields for First, Middle, Last, Month, Day, Year, Gender, City/Town, County, State.

Requestor Information

Name: Phone:

Mailing Address: City/State/Zip:

How are you related to the person on record? (circle): Spouse, Son, Daughter, Brother, Sister, Parent, Grandparent, Other (specify):

Main purpose for getting this record (circle): Personal Record, Insurance, Close Accounts, Transfer Titles, Other (specify):

Signature: Date:

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 & Safety Code §195.003)

Office Use Only

Check#: _____

Security#: _____

CreditTrans#: _____

Processed by: _____

Death Certificate Application