|  |
| --- |
| State ID Copy /Office Use Only |

A logo with a person's hand holding a cup

Description automatically generatedQuantity:

815 N. Broadway Ave.

Tyler, TX 75702

[www.healthyeasttx.org](http://www.healthyeasttx.org)

903-535-0030

[www.hehyeasttx.org](http://www.hehyeasttx.org)

\_\_\_\_\_\_Protective Plastic Sleeve $1 each

\_\_\_\_\_ Initial Certificate $21

\_\_\_\_\_\_ Each Additional Certificate $4

\*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

Death Certificate Application

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name on Record | First: | | Middle: | | Last: |
| Date of Death | Month: | Day: | | Year: | Gender: |
| Place of Death | City/Town:  \*\*\*Tyler Only\*\*\* | | County:  \*\*\*Smith Only\*\*\* | | State:  \*\*\*Texas Only\*\*\* |
| Full Maiden Name of Mother | First: | | Middle: | | Maiden: |
| Full Name of Father | First: | | Middle: | | Last: |

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

NET Health Form VS-001 (revised 1/2019)