

Health Services

MAIL	APF	PLICA.	LION	FOR	DEATH	RECORD
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OFFICE USE ONLY	☐ CHECK ☐ MONEY ORDE
REMITTANCE NO.	CERT. #
DATE	AMOUNT \$
DOCUMENT CONTROL #	

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Email Address:									Daytime Phone Number:			
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Dansen for De												
Reason for Re	Estate Insuranc	e [Other:									
tep 2: INFORM	MATION FOR PERSON First Name	NAM	ED ON I	DEATH			be o	completed		The state of the s	Requ	ested)
ON RECORD:	First Name				Middle N	iame			Last	Name		
DATE OF DEATH:	Month	Month Day Ye		Year		DATE (Day		Year
SEX:		SOCIAL SECUR			ITY NUMB	ER:	2					
PLACE OF DEATH:	City or Town			County			TEXAS ONLY					
FULL NAME OF PARENT 1:	First Name			Middle Name				Maiden Last Name (Before first marriage)				
FULL NAME OF PARENT 2:	First Name			Middle Name				Maiden Last Name (Before first marriage)				
	FEES (NOT REFUNDA	BLE.	if Reco	d Not	found)	Ta Vino		Step 4: Al	FFIDAVI	T (NOTARY	SECT	TON
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First Death C			x \$ 21		\$		V	erification	s) subm	ittea by m	an nee	ed to be notarize
Additional Death Certificate(s) Death Verification			x \$1 2 x \$20.		\$		STATE OF					
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shipping metho		\ \	ii the dv	erriigii					(Fillited	i Name or a	pplical	it acknowledging)
Overnight Return Mail (for shipping within USA)				\$8.00								
USPS Express Return Mail (for shipping to PO Box ONLY)				\$22.9	5	(Notary Public's Signature)						
I wish to mal	e a voluntary contribut	ion of	\$5.00 to	Taypa	\$5.00							
promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.						(Personalized Sea				sonalized Seal)		
ennangoa Coord	ination of Health and F	lumar	Total		\$		2					
OCUMENT, THE PE	ENALTY FOR KNOWINGLY M	IAKING	A FALSE	STATE	MENT ON TI	HIS FORM	OR	SIGNING A	ORM WHI	CH CONTAINS	IFY INFO	DRMATION ON THIS SE STATEMENT IS 2
) 10 YEARS IMPRI	SONMENT AND A FINE OF Applications without	UP TO	\$10,000.	(HEALT	H AND SAF	ETY CODI	E, Ch	HAPTER 195,	SEC. 195.	003.)		
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Signature of Applicant ______ Date Signed (MM/DD/YYYY) _____/____