

Death Certificate Application



**NORTHEAST TEXAS PUBLIC HEALTH DISTRICT**

815 N. Broadway Ave.  
 Tyler, TX 75702  
[www.healthyeasttx.org](http://www.healthyeasttx.org)  
 903-535-0030

State ID Copy /Office Use Only

Quantity:

\_\_\_\_\_ Protective Plastic Sleeve \$1 each

  1   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**

Full Name on Record	First:	Middle:	Last:
Date of Death	Month:	Day:	Year:
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: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

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: _____
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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: \_\_\_\_\_