CITY OF BEDFORD
VITAL STATISTICS
2000 FOREST RIDGE
BEDFORD, TX 76021-1895
817-952-2112
817-952-2397 fax
817-952-2211 alternate fax

APPLICATION FOR CERTIFIED COPIES OF DEATH CERTIFICATE

Receipt No. _____
Cash _____
Check No. _____
Money Order _____
MC/Visa _____
Expiration _____

Control No. _____

THE FOLLOWING ARE THE ONLY RECOGNIZED QUALIFIED APPLICANTS

Please check **your** relationship to decedent:

____ Spouse
____ Parent
____ Grandparent
____ Stepparent
____ Sibling
____ Child
____ Grandchild
____ Legal Rep/Guardian
____ Informant
____ Funeral Home

DEATH

Requested
___1_ Certified Copy X $21.00 = $21.00
_____ Extra Copies of Same Record X $4.00 = _____
VA ____ **TOTAL ENCLOSED** = _____

PLEASE PRINT
See Reverse Side for Instructions

Registrar File # _____

Burial Transit Permit # _____

Full Name of Person on Record	1. First Name	Middle Name	Last Name
Date of Death	2. Month	Date / Year	3. Sex
Place of Death	4. City or Town BEDFORD	County TARRANT	State TEXAS
Full Name of Father	5. First Name	Middle Name	Last Name
Full Maiden Name of Mother	6. First Name	Middle Name	Maiden Name

7. ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE.

SOCIAL SECURITY NUMBER OF DECEASED _____

BIRTH DATE _____ BIRTH PLACE, ETC. _____

8. APPLICANT'S NAME: _____ 9. PHONE # 8:00 – 5:00 (_____)_____

10. MAILING ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

11. RELATIONSHIP TO PERSON NAMED IN ITEM 1: _____

12. PURPOSE FOR OBTAINING THIS RECORD: _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO $10,000. {HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003}

_____
SIGNATURE OF APPLICANT

_____
DATE

IDENTIFICATION TYPE _____
Drivers License, I.D. Card, etc.

NUMBER _____
on Drivers License, I.D. Card, etc.

Death records are confidential for 25 years: therefore, issuance is restricted to qualified applicants. Please attach a photocopy of ID to application. Administrative rules require that on restricted records, all identifying information (items 1-6), relationship (item 11), and purpose (item 12) be provided in order to issue the record.

Fees are subject to change without notice. (Call 817-952-2112 for fee verification.)

Office Use Only Issued by: _____