

**FUNERAL HOME REQUEST
For Certified Copy of Death Certificate**

Check Box if Requesting

Over the Counter **Medical Amendment** **Fetal Death** **Ship out* / BTP**

Deceased: _____ **Date of Death:** _____

Number of Copies: _____ **Cost \$** _____ **Date Ordered:** _____

Date Promised: _____ **Mail*** **Pick-up** **Call**

Funeral Home: _____ **Telephone:** _____

Requested by: _____

Address: _____ **City:** _____, **TX Zip:** _____

Local File Number:

Sheet _____ **thru** _____ **&** _____ **thru** _____

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