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MAIL APPLICATION FOR BIRTH OR DEATH RECORD

OFFICE USE ONLY	
Remit No.	
By	

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID WHEN SENDING THE REQUEST.

<input type="checkbox"/> Birth Certificates			
Type	Cost X	# of copies=	Total
Certified Copy	\$22		
Certified Copy-Wallet size	\$22		
Heirloom-Flag	\$60		
Heirloom-Bassinet	\$60		
Total			

<input type="checkbox"/> Death Certificates			
Type	Cost X	# of copies=	Total
Certified Copy (1 copy)	\$20		
Additional copies	\$3		
Total			

Make check or money order payable to: DSHS

All funds are deposited directly to the Texas Comptroller of Public Accounts. Refunds available only on written request.

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

7. YOUR NAME _____ 8. TELEPHONE # (____) _____ - _____
(MON-FRI 8:00-5:00)

EMAIL ADDRESS _____

9. MAILING ADDRESS: _____
STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

10. RELATIONSHIP TO PERSON NAMED IN ITEM 1: _____ 11. PURPOSE FOR OBTAINING THIS RECORD: _____

12. WILL THIS RECORD BE USED TO OBTAIN A PASSPORT, FOR IMMIGRATION OR FOR THE INDIAN REGISTRY? YES NO

13. ADDITIONAL INFORMATION FOR DEATH CERTIFICATE: BIRTHDATE _____ BIRTH PLACE _____

I authorize mailing to the address below instead of my mailing address. I have verified that the address below will receive my order.

NAME _____ STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____

For any search of the files where a record is not found, the searching fee is not refundable or transferable.

Your Signature _____ Date of Application _____

MAIL THIS APPLICATION, PAYMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

**Texas Vital Records
Department of State Health Services
P.O. Box 12040
Austin, TX 78711-2040**

APPLICATIONS WITHOUT PHOTO ID WILL NOT BE PROCESSED.

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)