



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

**OFFICE USE ONLY**

CHECK  MONEY ORDER

REMITTANCE NO. \_\_\_\_\_ CERT. # \_\_\_\_\_

DATE \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

**MAIL APPLICATION FOR BIRTH/DEATH RECORD**

**PLEASE PRINT CLEARLY.**

**INCLUDE A COPY OF YOUR (APPLICANT) VALID ID WHEN SENDING IN THE REQUEST. APPLICATION MUST BE ORIGINAL (INCLUDING SIGNATURE). NO CROSS OUT OR WHITE OUT WILL BE ACCEPTED.**

**Step 1: YOUR INFORMATION AND SHIPPING ADDRESS (PLEASE PRINT)**

Your Name (First, Middle, Last Name): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

**Your relationship to Person named on Certificate (Check One):**  Self  Legal Guardian or Representative (Proof Required)

Child  Spouse  Parent  Sibling  Grandparent  Funeral Home  Other: \_\_\_\_\_

**I authorize mailing to the address below instead of my mailing address listed above.**

Name: \_\_\_\_\_

Address to Send to if different than noted above: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Reason for Request:**

Records  Estate  Insurance  Newborn  Travel/Passport  School  Other: \_\_\_\_\_

**Step 2: INFORMATION FOR PERSON NAMED ON RECORD (Must be completed to Identify Record Requested)**

FULL NAME ON RECORD:	First Name	Middle Name	Last Name
DATE OF DEATH:	Month	Day	Year
SEX:	SOCIAL SECURITY NUMBER: _____ - _____ - _____		
DATE OF BIRTH:	Month	Day	Year
PLACE OF DEATH:	City or Town	County	<b>TEXAS ONLY</b>
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)

**Step 3: COST & FEES (NOT REFUNDABLE, if Record Not found)**

Select Record Type:	Qty	Price/each	Total
<input type="checkbox"/> First Death Certificate		x \$21.00	\$
<input type="checkbox"/> Additional Death Certificate(s)		x \$4.00	\$
<input type="checkbox"/> Birth Certificate		x \$23.00	\$
<b>Total Due:</b>			<b>\$</b>

**Step 4: AFFIDAVIT (NOTARY SECTION)**

**All Applications by mail must be notarized.**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

*This instrument was acknowledged before me*

*on* \_\_\_\_\_

By: \_\_\_\_\_  
*Printed Name of applicant acknowledging*

(Seal)

\_\_\_\_\_  
*Notary Public Signature*

**WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003.)**

**READ & SIGN (Applications without signatures or attached valid ID will NOT be accepted for processing)**

Signature of Applicant \_\_\_\_\_ Date Signed (MM/DD/YYYY) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_