



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): <input type="checkbox"/> Self <input type="checkbox"/> Legal Guardian or Representative (Requires Proof)			
<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Funeral Home <input type="checkbox"/> Other _____			
<input type="checkbox"/> 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:			
<input type="checkbox"/> Records <input type="checkbox"/> Estate <input type="checkbox"/> Insurance <input type="checkbox"/> Newborn <input type="checkbox"/> Travel/Passport <input type="checkbox"/> School <input type="checkbox"/> 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 BIRTH OR DEATH:	City or Town	County	TEXAS ONLY
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	\$
Total Due:			\$

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) _____ / _____ / _____