



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 DEATH 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: _____ - _____ - _____		
PLACE OF 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) _____ / _____ / _____