



**TEXAS VITAL STATISTICS
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
P.O. BOX 12040
AUSTIN, TEXAS 78711-2040
PHONE (888) 963-7111**

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH RECORD

<input type="checkbox"/> Birth Certificates			
# REQUESTED			
___ CERTIFIED COPIES	X	\$22.00	___
___ WALLET-SIZE	X	\$22.00	___
___ HEIRLOOM	X	\$60.00	___
TOTAL ENCLOSED = _____			

PLEASE PRINT
See Reverse Side for Instructions

<input type="checkbox"/> Death Certificates			
# REQUESTED			
___ CERTIFIED COPY	X	\$20.00	___
___ EXTRA COPIES OF SAME RECORD	X	\$3.00	___
TOTAL ENCLOSED = _____			

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	Day	Year Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
3. Place of Birth or Death	City or Town	County	State
4. Full Name of Father	First Name	Middle Name	Last Name
5. Full Maiden Name of Mother	First Name	Middle Name	Maiden Name

6. YOUR NAME: _____ 7. TELEPHONE #: _(____)_____

8. MAILING ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

9. RELATIONSHIP TO PERSON NAMES IN ITEM 1: _____

10. PURPOSE FOR OBTAINING THIS RECORD: _____

11. ADDITIONAL IDENTIFYING FOR DEATH CERTIFICATE
SOCIAL SECURITY NUMBER OF DECEASED _____
BIRTHDATE _____ BIRTH PLACE, ECT. _____

Fees are subject to change without notice (call 512-458-7111 for fee verification). For any search of the files where a record is not found, the searching fee is not refundable or transferable.
You can expect to receive you certificate within 6-8 weeks.
This fee rate(s) was set by the Texas Board of Heath and was not mandated by the Texas Legislature.
Birth records are confidential for 75 years and death records for 25 years; therefore, issuance is restricted.
Administrative rules require that on restricted records, all identifying information (Item 1-5), relationship (Item 9), and purpose (Item10) be provided in order to issue the record.

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)

ATTACH PHOTOCOPY OF VALID IDENTIFICATION. APPLICATION WILL NOT BE PROCESSED WITHOUT IDENTIFICATION.

YOUR SIGNATURE _____ DATE OF APPLICATION _____

IDENTIFICATION TYPE _____ NUMBER _____

INSTRUCTIONS FOR APPLICATION FOR CERTIFIED COPY OF A BIRTH OR DEATH RECORD

Check the appropriate box either a Birth or Death record.

Indicate the number of records requested and compute the amount of money to be sent. **PLEASE DO NOT SEND CASH THROUGH THE MAIL. WE SUGGEST YOU SEND WITHER A PERSONAL CHECK OR MONEY ORDER MADE PAYABLE TO: DSHS – VITAL STATISTICS.**

- Item 1. Name of Record:
State the FULL NAME of the person shown on the record being requested.
- Item 2. Date of Event: (The date of the birth OR death.)
Give the exact date of the birth or day the person died. (If you do not know that exact date of death, then give the date the person was last known to be alive.)
Sex:
Check the appropriate box, male or female.
- Item 3. Place of Event:
State the name of the city or county in which the birth or death occurred. (If you do not know the exact place of death, show the last address known when the person was alive).
- Item 4. Father's Name:
Give the full name of the father of the person shown on the record.
- Item 5. Mother's **Maiden** Name:
Give the FULL MAIDEN NAME of the mother of the person shown on the record.
- Item 6. Applicant's Name:
GIVE **YOUR** full name.
- Item 7. Telephone Number:
Give is a telephone number with area code where you can be reached between the hours of 8 am and 5 pm, Monday through Friday.
- Item 8. **ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE:**
This additional information assists our staff in positively identifying a record when exact date, places and spelling of the name (s) are not known for a death certificate:

Social security Number of the deceased
Birthdate of the deceased
Birthplace of the deceased
Any other information that would be helpful in identifying the record of an individual
- Item 9. Mailing Address:
Give your complete current mailing address.
- Item 10. Relationship to person named on the record:
State how you are related to the person whose record you requesting.
- Item 11. Purpose for obtaining the record:
State the reason or purpose for which you are requesting the record.

SIGN AND DATE THE APPLICATION. ENCLOSE A PHOTOCOPY OF YOUR ID WITH A PICTURE ON IT (PHOTOCOPY OF PICTURE ID). MAIL TO ADDRESS AT TOP OF APPLICATION FORM WITH THE CORRECT FEE (\$).

WWW.DSHS.STATE.TX.US/VS