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OFFICE USE ONLY	
Remit No.	
By _____	ZZ 708-153

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND SWORN STATEMENT WHEN SENDING THE REQUEST. Make check or money orders payable to: DSHS - Vital Statistics All funds are deposited directly to the Texas Comptroller of Public Accounts. For any search of the files where a record is not found, the searching fee is not refundable or transferable.

<input type="checkbox"/> Birth Certificates			
Type	Cost X	# of copies=	Total
Certified Copy	\$22		
Heirloom-Flag	\$60		
Heirloom-Bassinnet	\$60		
(optional) \$8.00 Lone Star/FedEx QR \$19.95 USPS Express return delivery			
Total			

<input type="checkbox"/> Death Certificates			
Type	Cost X	# of copies=	Total
Certified Copy (1 copy)	\$20		
Additional Copies	\$3		
(optional) \$8.00 Lone Star/FedEx QR \$19.95 USPS Express return delivery			
Total			

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.

BIRTH/DEATH RECORD INFORMATION

Full Name of Person on Record	First Name	Middle Name	Last Name
Date of Birth/Death	Month	Day	Year
Place of Birth/Death	City or Town	County	State
Full Name of Parent 1	First Name	Middle Name	Maiden Name/Last Name
Full Name of Parent 2	First Name	Middle Name	Maiden Name/Last Name

REQUESTOR INFORMATION

Requestor Name	Telephone #	Email Address
Full Mailing Address	Street Address	City State Zip
Relationship to person listed above	Purpose for obtaining this record:	

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

Name of Person Receiving Copies, if Different from Requestor		
Mailing Address for Copies, if Different from Requestor		
City	State	Zip

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR 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)

Your Signature _____ Date of Application _____

APPLICATIONS WITHOUT SIGNATURE OF APPLICANT WILL NOT BE PROCESSED.

MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT 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 AND THE ATTACHED SWORN STATEMENT WILL NOT BE PROCESSED)

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE			
FULL NAME OF PERSON ON RECORD		DATE OF BIRTH/DEATH	
PLACE OF BIRTH/DEATH (City or County)			SEX
FULL NAME OF PARENT 1		FULL NAME OF PARENT 2	

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.	
STATE OF _____	
COUNTY OF _____	
Before me on this day appeared _____ (Name)	
now residing at _____ (Address) (City) (State)	
who is related to the person named on Part I as _____ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20_____.	

(Seal)

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State and Zip

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR 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)

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