

OFFICE USE ONLY



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Remit No  
By ZZ 708-153

EXPEDITED MAIL APPLICATION FOR BIRTH AND DEATH RECORD

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN 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.

Table with columns for Birth Certificates and Death Certificates, including Type, Cost X, # of copies, and Total. Includes expedited fee information.

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.

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I) form with fields for Full Name of Person on Record, Date of Birth/Death, Place of Birth/Death, and Full Name of Parent 1 and 2.

APPLICANT INFORMATION (Part II) form with fields for Applicant Name, Telephone #, Email Address, Full Mailing Address, and Relationship to person listed above.

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III) form with fields for State, County, Applicant name, Address, City, State, and Notary Public information.

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.

MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO: Texas Vital Records Department of State Health Services 1100 W. 49th Street Austin, TX 78756