

OFFICE USE ONLY



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Remit No  
By ZZ 708-153

### 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.

Birth Certificates				Death Certificates			
Type	Cost X	# of copies=	Total	Type	Cost X	# of copies=	Total
Standard Size <input type="checkbox"/> Long form <input type="checkbox"/>	\$22			Certified Copy (1 copy)	\$20		
Heirloom Flag <input type="checkbox"/> Bassinet <input type="checkbox"/>	\$60			Additional Copies	\$3		
<b>Total (Check or money order payable to DSHS)</b>				<b>Total (Check or money order payable to DSHS)</b>			

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)

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

#### APPLICANT INFORMATION (Part II)

Applicant Name	Telephone #	Email Address
Full Mailing Address	Street Address	City
		State
		Zip
Relationship to person listed above	Purpose for obtaining this record:	
<input type="checkbox"/> 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 Applicant		
Mailing Address for Copies, if Different from Applicant		
City	State	Zip

#### AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III)

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ Before me on this day appeared \_\_\_\_\_ (Applicant 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.

The applicant presented the following type and number of identification: \_\_\_\_\_

Applicant Signature \_\_\_\_\_

(Seal) Sworn to and subscribed before me, this \_\_\_\_ day of \_\_\_\_, 20\_\_\_\_.

Signature of Notary Public and Notary ID Number \_\_\_\_\_

Typed or Printed Name: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

Street Address: \_\_\_\_\_

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.)**

**MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO:**  
**Texas Vital Records Department of State Health Services**  
**P.O. Box 12040 Austin, TX 78711-2040**