

OFFICE USE ONLY	☐ CHECK ☐ MONEY ORDER
REMITTANCE NO	_ CERT. #
DATE	_ AMOUNT \$
DOCUMENT CONTROL #	

MAIL APPLICATION FOR DEATH RECO					ORD	DOCUMENT CONTROL #							
(INCLUDING SI Step 1: YOUR IN	CLEARLY. PY OF YOUR (APPLICATION OF YOUR (APPLICATION OF APPLICATION OF APPLICATI	SS OUT	OR W	HITE (OUT WIL	L BE AC	CEP	E REQUEST TED. SEE 1	. APPLICA NSTRUCTI	TION MU	JST BE BACK	ORIGINAL	
Street Address:					City:				State:		Zip	Code:	
Email Address:									Daytime Phone Number:				
Your relations Grandparent	hip to Person named □ Funeral Home		rtificate		eck One)	: [Chi	ild 🗆	Spouse	□ Pare	ent	☐ Sibling	
	ze mailing to the add				of my m	ailing a	ddre	ess listed a	bove.				
Name:													
Address to Seno	to if different than not	ted abo	ve:		City:				State:		Zip	Zip Code:	
Reason for Re	quest:												
	☐ Estate ☐ Insurance	ce 🗆	Other:										
	IATION FOR PERSON	NAME	D ON D	EATH			be c	ompleted			Reque	sted)	
FULL NAME ON RECORD:	First Name				Middle N				Last Na				
DATE OF DEATH:	Month		ay	Year		DATE (BIRTH		Month		Day		Year	
SEX:		S	OCIAL S	SECUR:	ITY NUMB	ER:		_	_				
PLACE OF	City or Town				County					TF	XAS O	NIY	
DEATH:	City of Town												
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 REFUNDA	ABLE, i	f Recor	d Not	found)		Ī	Step 4: AF	FIDAVIT (NOTARY	SECTI	ON)	
Select Record Ty		Qty			Total		(ONLY appli	cations for	death c	ertifica	ates (NOT death	
☐ First Death Certificate x \$20.00		00	\$		V	erifications	s) submitte	submitted by mail need to be notarized					
☐ Additional Death Certificate(s) x \$3.00			\$		STATE OF								
☐ Death Verification x \$20.00 (letter, not official certificate)			\$		COUNTY OF								
through an over physical addres	nests, orders may be Enight mail service, such is: DSHS – VSS MC 20	n as: FE 096, 1	DEX, Lo	neSta . 49th	ır, or UPS	to our	TI	his instrume on	nt was ackn	owledged	l before	e me	
78756 and paying the below expedited processing fee.							(1	Date)	_				
☐ Expedited Processing (estimated 20-25 business days) All orders are returned free of charge by USPS regular mai				,		Ву							
	n mail service, select							/	(Printed N	ame of ap	plicant	acknowledging)	
□ Overnight Return Mail (for shipping within USA)				\$12.5	50								
☐ USPS Express Return Mail (for shipping to PO Box ONLY)				\$22.9)5	(Notary Public's Signature)							
☐ I wish to mak	ce a voluntary contribut				\$5.00)							
promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.						(Personalized			onalized Seal)				
5.manooa coore		·aman	Total		\$								
	ENALTY FOR KNOWINGLY N SONMENT AND A FINE OF				MENT ON T		1 OR	SIGNING A F	ORM WHICH	CONTAINS		RMATION ON THIS E STATEMENT IS 2	

READ & SIGN (Applications without signatures or attached valid ID will NOT be accepted for processing)

Signature of Applicant	Date Signed (MM/DD/YYYY)	//	

MAIL APPLICATION FOR DEATH RECORD

Processing times are estimates and subject to change with an increased volume of customer applications.

FAILURE TO PROVIDE INFORMATION REQUESTED ON THIS FORM MAY RESULT IN SIGNIFICANT PROCESSING DELAYS AND/OR DENIAL OF YOUR APPLICATION.

Walk In: Same day service in most cases. Hours are Monday-Friday 8:00 am - 4:00 pm. DSHS - Vital Statistics Section, 1100 W. 49th St., Austin, TX 78756

Online Orders: Visit www.texas.gov to order online. Online orders are mailed 15-20 business days after receipt of the request.

Mail In Orders: Processed and mailed 6 - 8 weeks after receipt of the request. Mail to: DSHS - VSS, P.O. Box 12040, Austin, TX 78711-2040. For current processing times, please see our website at: https://www.dshs.texas.gov/vs/processing/.

Expedited Orders: Processed and mailed 20 - 25 business days after receipt of the request. Must be sent to the Texas Department of State Health Services - Vital Statistics Section via an OVERNIGHT mail service, such as FedEX, LoneStar, or UPS to: **DSHS - VSS MC 2096, 1100 W. 49th St., Austin, TX 78756**

Copies of death certificates for deaths that occurred within the past 25 years can be requested only by immediate family members of the person whose name is on the certificate. See Section 181.1(13) of the Texas Administrative Code for who qualifies as an immediate family member. An immediate family member is the decedent's child, spouse, parent, sibling, or grandparent.

Applicants who are not immediate family members must provide legal documentation (such as an insurance policy listing the applicant as the beneficiary) that documents a direct, tangible interest in the death certificate.

The applicant must include a photocopy of his or her valid photo ID issued by a governmental entity. See Section 181.28 of the Texas Administrative Code for a complete list of acceptable forms of identification. You also can see VSS's page on acceptable identification in English (http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs/) and Spanish (http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs-(Spanish)/).

Applications for death certificates cannot be processed without a copy of a photo ID or alternate IDs and the signature of the applicant.

<u>Verification Letter</u> - A verification letter will include the decedent's name, the date of death, and the county where the death occurred. Verification letters are available for deaths that have occurred since 1903. Verification letters are not considered legal substitutes for certified copies of death certificates. The VSS strongly recommends that applicants ensure a verification will satisfy its intended use.

If a record is not on file, our office will issue a "not found" letter.

Customer	Checklist
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Fo	or more information, go to: https://www.dshs.texas.gov/vs/requirements.aspx .
	☐ Enclose appropriate fees. Make checks or money orders payable to DSHS - Vital Statistics.
	$\label{eq:complete} \square \ \ \text{Enclose a copy of a current driver's license, passport or state identification. See complete ID list on our website.}$
	\square Make sure the application is original and not a photocopy and there are no cross-outs or white-out.
	\square Sign and date the application.
	\square Complete step 4 of the application and have it notarized, if requesting a death certificate.
	\square Complete steps 1, 2, and 3 of the application. Please type or print clearly.

For the status of your request, contact VSS by telephone at 1-888-963-7111 or online at: https://www.dshs.texas.gov/orderstatus/.