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**OFFICE USE ONLY**  
 Cert # \_\_\_\_\_  
 DOCUMENT CONTROL # \_\_\_\_\_  
 By \_\_\_\_\_



**MAIL APPLICATION FOR BIRTH OR DEATH RECORD**

**OFFICE USE ONLY**  
 Remit No. \_\_\_\_\_  
 By \_\_\_\_\_ **ZZ 708-153**

**PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID WHEN SENDING THE REQUEST.**

<input type="checkbox"/> Birth Certificates			
Type	Cost X	# of copies=	Total
Certified Copy	\$22		
Heirloom-Flag	\$60		
Heirloom-Bassinnet	\$60		
<b>(optional) \$8.00 Lone Star OR \$18.50 USPS Express return delivery</b>			
<b>Total</b>			

<input type="checkbox"/> Death Certificates			
Type	Cost X	# of copies=	Total
Certified Copy (1 copy)	\$20		
Additional copies	\$3		
<b>(optional) \$8.00 Lone Star OR \$18.50 USPS Express return delivery</b>			
<b>Total</b>			

**Make check or money order payable to: DSHS**

All funds are deposited directly to the Texas Comptroller of Public Accounts. Refunds available only on written request. For any search of the files where a record is not found, the searching fee is not refundable or transferable.

1. Full Name of Person on Record	First Name	Middle Name		Last Name
2. Date of Birth or Death	Month	Day	Year	3. Sex
4. Place of Birth or Death	City or Town	County		State
5. Full Name of Father	First Name	Middle Name		Last Name
6. Full Maiden Name of Mother	First Name	Middle Name		Maiden Name

7. YOUR NAME \_\_\_\_\_ 8. TELEPHONE # ( ) - \_\_\_\_\_  
 (MON-FRI 8:00-5:00)

EMAIL ADDRESS \_\_\_\_\_

9. MAILING ADDRESS: \_\_\_\_\_  
 STREET ADDRESS CITY STATE ZIP

10. RELATIONSHIP TO PERSON NAMED IN ITEM 1: \_\_\_\_\_ 11. PURPOSE FOR OBTAINING THIS RECORD: \_\_\_\_\_

12. WILL THIS RECORD BE USED TO OBTAIN A PASSPORT, FOR IMMIGRATION OR FOR THE INDIAN REGISTRY?  YES  NO

13. ADDITIONAL INFORMATION FOR DEATH CERTIFICATE: BIRTHDATE \_\_\_\_\_ BIRTH PLACE \_\_\_\_\_

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

NAME \_\_\_\_\_ 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)**

Your Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

**MAIL THIS APPLICATION, PAYMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID (APPLICATIONS WITHOUT PHOTO ID WILL NOT BE PROCESSED) TO:**

**Texas Vital Records  
 Department of State Health Services  
 P.O. Box 12040  
 Austin, TX 78711-2040**