

OFFICE USE ONLY

Cert # _____

DOCUMENT CONTROL # _____

By _____



OFFICE USE ONLY

Remit No. _____

By _____

PLEASE PRINT. INCLUDE A PHOTOCOPY OF VALID PHOTO ID OR YOUR ORDER WILL NOT BE PROCESSED.

Birth Certificates			
Type	Cost X	# of copies=	Total
Certified Copy	\$22		
Heirloom-Flag	\$60		
Heirloom-Bassinet	\$60		
(optional) \$8 Lone Star OR \$18.50 USPS Express mail (\$4.95 Priority mail for overseas military address ONLY)			
Expedite fee (required)			\$5.00
Total			

Death Certificates			
Type	Cost X	# of copies=	Total
1 st Copy	\$20	1	\$20
Additional copies	\$3		
(optional) \$8 Lone Star OR \$18.50 USPS Express Mail (\$4.95 Priority mail for overseas military address ONLY)			
Expedite fee (required)			\$5.00
Total			

Make check or money order payable to: DSHS
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 # (____) ____ - ____ AM or PM (circle)
 (MON-FRI 8:00-5:00)

9. MAILING ADDRESS: _____
 STREET ADDRESS CITY STATE ZIP

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

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

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 _____

SEND THIS APPLICATION VIA AN OVERNIGHT MAIL SERVICE (SUCH AS FEDEX, LONE STAR, UPS, ETC. DO NOT SEND VIA USPS PRIORITY MAIL) WITH PHOTOCOPY OF VALID PHOTO ID (APPLICATIONS WITHOUT A COPY OF VALID PHOTO ID WILL NOT BE PROCESSED) AND PAYMENT TO:

**Texas Vital Records MC 2096
 Department of State Health Services
 1100 West 49th Street
 Austin, TX 78756**

OVERNIGHT MAIL ORDERS ARE PROCESSED IN 10-15 BUSINESS DAYS