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**MAIL APPLICATION FOR
BIRTH OR DEATH VERIFICATION LETTER**

OFFICE USE ONLY	
Remit No.	
By	
	ZZ 708-153

A verification letter is a letter that verifies whether or not a birth or death was filed with the State of Texas. It is not a certified copy of a birth or death certificate.

PLEASE PRINT

Type	Number	X	Cost	=	Total
Birth verification letter			\$22.00		
Death verification letter			\$20.00		
Total (Check or Money Order enclosed)					

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.

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)

9. MAILING ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

10. If certified copy is to be mailed to some other person, please complete:

Name _____ Street Address _____
City _____ State _____ Zip Code _____

For any search of the files where a record is not found, the searching fee is not refundable or transferable.

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON 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 AND PAYMENT TO:
Texas Vital Records
Department of State Health Services
P.O. Box 12040
Austin, TX 78711-2040