



REQUEST FOR GIFT CERTIFICATE FOR AN HEIRLOOM BIRTH CERTIFICATE

OFFICE USE ONLY
Remit No.
By
ZZ 708-153

PLEASE PRINT

Table with 4 columns: Type, Number of gift certificates, Cost, Total. Row 1: Heirloom birth certificate, X, \$60.00. Row 2: Total (Check or Money Order enclosed)

1. YOUR NAME: _____ 2. TELEPHONE # (_____) _____ - _____
(MON-FRI 8:00-5:00)
3. MAILING ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

4. If the gift certificate is to be mailed to another person or persons, please complete:
1. Name _____ Street Address _____
City _____ State _____ Zip Code _____
2. Name _____ Street Address _____
City _____ State _____ Zip Code _____
3. Name _____ Street Address _____
City _____ State _____ Zip Code _____

State law prevents issuance of heirloom certificates to persons whose births were established by court order or delayed record procedures.

For any gift certificate redeemed where a record is not found, the fee is not refundable or transferable.

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