

OFFICE USE ONLY
 Cert # _____
 DOCUMENT CONTROL # _____
 By _____



OFFICE USE ONLY
 Remit No. _____
 By _____ ZZ 708-153

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID WITH YOUR REQUEST.

<input type="checkbox"/> Birth Certificates			
Type	Cost X	# of copies	Total
Certified Copy	\$22		
Heirloom-Flag	\$60		
Heirloom-Bassinet	\$60		
Expedited charge (required)			\$5.00
<input type="checkbox"/> UPS Overnight-\$8 or <input type="checkbox"/> Express Mail-\$16.25			
Total (including expedited and shipping fees)			

<input type="checkbox"/> Death Certificates			
Type	Cost X	# of copies	Total
Certified Copy (1 copy)	\$20		
Additional copies	\$3		
Expedited charge (required)			\$5.00
<input type="checkbox"/> UPS Overnight-\$8 or <input type="checkbox"/> Express Mail-\$16.25			
Total (including expedited and shipping fees)			

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)

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 _____

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

Your Signature _____ Date of Application _____

THIS APPLICATION, PAYMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID MUST BE SENT USING AN OVERNIGHT MAIL SERVICE (SUCH AS UPS, U.S.P.S. EXPRESS MAIL OR FEDEX, NOT U.S.P.S. PRIORITY OR CERTIFIED MAIL) TO:

Texas Vital Records
 Department of State Health Services
 1100 W. 49th Street
 Austin, TX 78756-3191

APPLICATIONS WITHOUT PHOTO ID WILL NOT BE PROCESSED.

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)