



TEXAS VITAL STATISTICS
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
P.O. BOX 12040
AUSTIN, TEXAS 78711-2040
PHONE (888) 963-7111

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH RECORD

<input type="checkbox"/> Birth Certificates	
# REQUESTED ___ CERTIFIED COPIES X \$23.00 ___ ___ WALLET-SIZE X \$22.00 ___ ___ HEIRLOOM X \$60.00 ___ TOTAL ENCLOSED = _____	

PLEASE PRINT
See Reverse Side for Instructions

<input type="checkbox"/> Death Certificates	
# REQUESTED ___ CERTIFIED COPY X \$21.00 ___ ___ EXTRA COPIES OF SAME RECORD X \$4.00 ___ TOTAL ENCLOSED = _____	

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

6. YOUR NAME: _____ 7. TELEPHONE #: (____) _____

8. MAILING ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

9. RELATIONSHIP TO PERSON NAMES IN ITEM 1: _____

10. PURPOSE FOR OBTAINING THIS RECORD: _____

11. ADDITIONAL IDENTIFYING FOR DEATH CERTIFICATE
SOCIAL SECURITY NUMBER OF DECEASED _____
BIRTHDATE _____ BIRTH PLACE, ECT. _____

Fees are subject to change without notice (call 512-458-7111 for fee verification). For any search of the files where a record is not found, the searching fee is not refundable or transferable.
You can expect to receive you certificate within 6-8 weeks.
This fee rate(s) was set by the Texas Board of Heath and was not mandated by the Texas Legislature.
Birth records are confidential for 75 years and death records for 25 years; therefore, issuance is restricted.
Administrative rules require that on restricted records, all identifying information (Item 1-5), relationship (Item 9), and purpose (Item 10) be provided in order to issue the record.

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)

ATTACH PHOTOCOPY OF VALID IDENTIFICATION. APPLICATION WILL NOT BE PROCESSED WITHOUT IDENTIFICATION.

YOUR SIGNATURE _____ DATE OF APPLICATION _____

IDENTIFICATION TYPE _____ NUMBER _____