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**BUREAU OF VITAL STATISTICS
TEXAS DEPARTMENT OF HEALTH
PO Box 12040
AUSTIN TEXAS 78711-2040
PHONE (512) 458-7111**

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

BIRTH

REQUESTED _____

_____ CERTIFIED COPIES X \$11.00 = _____

_____ WALLET-SIZE X \$11.00 = _____

_____ HEIRLOOM X \$25.00 = _____

FLAG STATE OUTLINE

TOTAL ENCLOSED = _____

DEATH

REQUESTED _____

_____ CERTIFIED COPY X \$9.00 = _____

_____ EXTRA COPIES OF
SAME RECORD X \$3.00 = _____

TOTAL ENCLOSED = _____

PLEASE PRINT
See Reverse Side for Instructions

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. ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE.

SOCIAL SECURITY NUMBER OF DECEASED _____

BIRTH DATE _____ BIRTH PLACE, ETC. _____

8. APPLICANT'S NAME: _____ 9. TELEPHONE #: () _____
(MON-FRI 8:00-5:00)

10. MAILING ADDRESS: _____
STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

11. RELATIONSHIP TO PERSON NAMED IN ITEM 1: _____

12. PURPOSE FOR OBTAINING THIS 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)

SIGNATURE OF APPLICANT

DATE

IDENTIFICATION TYPE _____
ATTACH PHOTOCOPY Drivers License, I.D. Card, etc.

NUMBER _____
on Drivers License, I.D. Card, etc.

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 the searching fee is non-refundable or transferable.

Birth records are confidential for 50 years and death records for 25 years; therefore, issuance is restricted. Please attach a photocopy

INSTRUCTIONS FOR APPLICATION FOR CERTIFIED COPY OF A BIRTH OR DEATH RECORD

Check the appropriate box for either a Birth or Death record.

Indicate the number of records requested and compute the amount of money to be sent. **PLEASE DO NOT SEND CASH THROUGH THE MAIL. WE SUGGEST YOU SEND EITHER A PERSONAL CHECK OR MONEY ORDER MADE PAYABLE TO: BUREAU OF VITAL STATISTICS.**

- Item 1. **Name on Record:**
State the FULL NAME of the person shown on the record being requested.
- Item 2. **Date of Event: (The date of the birth OR death.)**
Give the exact date of the birth or day the person died. (If you do not know the exact date of death, then give the date the person was last known to be alive.)
- Item 3. **Sex:**
Enter Male or Female.
- Item 4. **Place of Event:**
State the name of the city or county in which the birth or death occurred. (If you do not know the exact place of death, show the last address known when the person was alive.)
- Item 5. **Father's Name:**
Give the full name of the father of the person shown on the record.
- Item 6. **Mother's Maiden Name:**
Give the FULL MAIDEN NAME of the mother of the person shown on the record.
- Item 7. **ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE:**
This additional information assists our staff in positively identifying a record when exact dates, places and spelling of the name(s) are not known for a death certificate:

Social Security Number of the deceased
Birthdate of the deceased
Birthplace of the deceased
Any other information that would be helpful in identifying the record of an individual.
- Item 8. **Applicant's Name:**
GIVE YOUR full name
- Item 9. **Telephone Number:**
Give us a telephone number with area code where you can be reached between the hours of 8am and 5pm, Monday through Friday.
- Item 10. **Mailing Address:**
Give us your complete current mailing address.
- Item 11. **Relationship to person named on the record:**
State how you are related to the person whose record you are requesting.
- Item 12. **Purpose for obtaining this record:**
State the reason or purpose for which you are requesting this record.

SIGN AND DATE THE APPLICATION. ENCLOSE A PHOTOCOPY OF YOUR ID WITH A PICTURE ON IT (PHOTOCOPY OF PICTURE ID). MAIL TO ADDRESS AT TOP OF APPLICATION FORM WITH THE CORRECT FEE(S).