

**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 <input type="checkbox"/>
REQUESTED _____ CERTIFIED COPIES X \$ 23.00 = _____
TOTAL ENCLOSED = _____

DEATH <input type="checkbox"/>
REQUESTED _____ CERTIFIED COPY X 21.00 = _____ 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. APPLICANT'S NAME: _____ 8. TELEPHONE #: () _____ (MON-FRI 8:00-5:00)

9. ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE:
SOCIAL SECURITY NUMBER OF DECEASED _____
BIRTH DATE _____ BIRTH PLACE, ETC. _____

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 _____ NUMBER _____
Drivers License, I.D. Card, etc. 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 found the searching fee is non-refundable or transferable.
You can expect to receive your certificate within 6-8 weeks.
This fee rate(s) was set by the Texas Board of Health 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. Please **attach a photocopy** of ID to application.
Administrative rules require that on restricted records, all identifying information (items 1-6), relationship (item 11), and purpose (item 12) be provided in order to issue the record.

