



TEXAS
Health and Human
Services

Texas Department of State
Health Services

MAIL APPLICATION FOR DEATH RECORD

OFFICE USE ONLY

CHECK MONEY ORDER

REMITTANCE NO. _____ CERT. # _____

DATE _____ AMOUNT \$ _____

DOCUMENT CONTROL # _____

PLEASE PRINT CLEARLY.

INCLUDE A COPY OF YOUR (APPLICANT) VALID ID WHEN SENDING IN THE REQUEST. APPLICATION MUST BE ORIGINAL (INCLUDING SIGNATURE). NO CROSS OUT OR WHITE OUT WILL BE ACCEPTED. SEE INSTRUCTIONS ON BACK.

Step 1: YOUR INFORMATION AND SHIPPING ADDRESS (PLEASE PRINT)

Your Name (First, Middle, Last Name): _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____ Daytime Phone Number: _____

Your relationship to Person named on Certificate (Check One): Child Spouse Parent Sibling
 Grandparent Funeral Home Other: _____

I authorize mailing to the address below instead of my mailing address listed above.

Name: _____

Address to Send to if different than noted above: _____ City: _____ State: _____ Zip Code: _____

Reason for Request:
 Records Estate Insurance Other: _____

Step 2: INFORMATION FOR PERSON NAMED ON DEATH RECORD (Must be completed to Identify Record Requested)

FULL NAME ON RECORD:	First Name	Middle Name	Last Name
DATE OF DEATH:	Month	Day	Year
DATE OF BIRTH:	Month	Day	Year
SEX:	SOCIAL SECURITY NUMBER: _____ - _____ - _____		
PLACE OF DEATH:	City or Town	County	TEXAS ONLY
FULL NAME OF PARENT 1:	First Name	Middle Name	Maiden Last Name (Before first marriage)
FULL NAME OF PARENT 2:	First Name	Middle Name	Maiden Last Name (Before first marriage)

Step 3: COST & FEES (NOT REFUNDABLE, if Record Not found)

Select Record Type:	Qty	Price/each	Total
<input type="checkbox"/> First Death Certificate		x \$20.00	\$
<input type="checkbox"/> Additional Death Certificate(s)		x \$3.00	\$
<input type="checkbox"/> Death Verification (letter, not official certificate)		x \$20.00	\$
For urgent requests, orders may be EXPEDITED by sending the order through an overnight mail service, such as: FEDEX, LoneStar, or UPS to our physical address: DSHS – VSS MC 2096, 1100 W. 49th St., Austin, TX 78756 and paying the below expedited processing fee.			
<input type="checkbox"/> Expedited Processing (estimated 20-25 business days)			\$5.00
All orders are returned free of charge by USPS regular mail. For expedited return mail service, select one of the overnight return shipping methods below.			
<input type="checkbox"/> Overnight Return Mail (for shipping within USA)			\$8.00
<input type="checkbox"/> USPS Express Return Mail (for shipping to PO Box ONLY)			\$22.95
<input type="checkbox"/> I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.			\$5.00
Total Due:			\$

Step 4: AFFIDAVIT (NOTARY SECTION)

ONLY applications for death certificates (NOT death verifications) submitted by mail need to be notarized

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me

on _____ (Date)

By _____ (Printed Name of applicant acknowledging)

(Notary Public's Signature)

(Personalized Seal)

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003.)

READ & SIGN (Applications without signatures or attached valid ID will NOT be accepted for processing)

Signature of Applicant _____ Date Signed (MM/DD/YYYY) ____/____/____