



TEXAS
Health and Human
Services

Texas Department of State
Health Services

MAIL APPLICATION FOR BIRTH RECORD

OFFICE USE ONLY		<input type="checkbox"/> CHECK	<input type="checkbox"/> 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): Self Child Spouse Parent Sibling
 Grandparent Legal Guardian (proof required) Legal Representative (proof required) 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:
 Newborn Travel/Passport Records School Insurance Other: _____

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

FULL NAME ON RECORD:	First Name _____	Middle Name _____	Last Name _____
DATE OF BIRTH:	Month _____ Day _____	Year _____	SEX: _____
PLACE OF BIRTH:	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"/> Long Form Birth Certificate (Travel/Passport)		x \$23.00	\$
<input type="checkbox"/> Short Form Birth Certificate (General Use)		x \$23.00	\$
<input type="checkbox"/> Texas Flag Heirloom Birth Certificate (Framing and Display)		x \$60.00	\$
<input type="checkbox"/> Bassinet Heirloom Birth Certificate (Framing and Display)		x \$60.00	\$
<input type="checkbox"/> Birth Verification (Letter, not official certificate)		x \$22.00	\$
<input type="checkbox"/> Military Personnel with current deployment orders		Exempt	
<input type="checkbox"/> Foster or Homeless child or youth		Exempt	

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)	\$12.50
<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 birth certificates (NOT birth 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) _____/_____/_____