



Birth Certificate			
	Short Form (Abstract) Available for all Texas births		\$23 each
	Long Form		\$23 each

Death Certificate			
	Death Certificate		\$21 1 st COPY
	Additional Copies are \$4 Of Death Certificate		\$4 each

Cash, Money Order, or Debit/Credit Accepted (\$3.00 minimum or 3% convenience fee applies for card payments). ~~~Please have a photocopy of Photo ID.~~~

BIRTH/DEATH RECORD INFORMATION (Information de certificado)

1. Name on Record: (Nombre)		First name/Primer nombre		Middle/Segundo nombre		Last Name/Appellido	
2. Date of Birth: (Fecha nacimiento)		Month/Mes	Day/Día	Year/Año	3. Date of Death: (defunción)		Year/Año
4. Place of Birth/Death: (Lugar nacimiento)		City/ Ciudad de nacimiento		County/Condado de nacimiento		TEXAS ONLY State/Estado de nacimiento	

5. Parent 1: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Madre <input type="checkbox"/> Padre		First/Primer nombre	Middle/Segundo nombre	Maiden or Last Name/Apellido Anterior
6. Parent 2: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Madre <input type="checkbox"/> Padre		First/Primer nombre	Middle/Segundo nombre	Maiden or Last Name/Apellido

Your Information (Informacion del Solicitante)						Purpose for request			
Relation to (I):	<input type="checkbox"/> Self	<input type="checkbox"/> Father	<input type="checkbox"/> Spouse	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Driver License	<input type="checkbox"/> Housing	<input type="checkbox"/> Travel	<input type="checkbox"/> School	<input type="checkbox"/> Veteran
	<input type="checkbox"/> Mother	<input type="checkbox"/> Sibling	<input type="checkbox"/> Child	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Social Security	<input type="checkbox"/> Insurance	Other:		
Your Name: (Nombre)	First/Primer nombre de solicitante		Middle/Segundo nombre		Last Name/ Apellido				
Home address: (Domicilio)	# Street/Calle		Apt#	City/Ciudad		State/Estado	Zip Code/Codigo		
Phone #: (Telefono)	()		E-mail:						
<input type="checkbox"/> SAME AS ABOVE Mailing address: (Residencia de domicilio es diferente)		First/Primer nombre de solicitante		Middle/Segundo nombre		Last Name/Appellido			
# Street/Calle		Apt#	City/Ciudad		State/Estado	Zip Code/Codigo			

Revised 09/08/2023 DCCYW

SIGNATURE _____
Date/Fecha _____

(Must sign to process)(Firma)

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PNALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC 195,003)

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE			
FULL NAME OF PERSON ON RECORD		DATE OF BIRTH/DEATH	
PLACE OF BIRTH/DEATH (City or County)			SEX
FULL NAME OF PARENT 1		FULL NAME OF PARENT 2	

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.	
STATE OF _____	
COUNTY OF _____	
Before me on this day appeared _____ (Name)	
now residing at _____ (Address) _____ (City) _____ (State)	
who is related to the person named on Part I as _____ (Relationship)	and who on oath deposes and
says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20__	
	Signature of Notary Public
	Commission Expires
	Typed or Printed Name
	Street Address
	City, State and Zip

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MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:
 Texas Vital Records
 Department of State Health Services
 P.O. Box 12040
 Austin, TX 78711-2040

(APPLICATIONS WITHOUT THE ATTACHED SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)