

Texas Department of State Health Services TEXAS DEATH CERTIFICATE APPLICATION

PLEASE PRINT. APPLICATION MUST BE ORIGINAL (INCLUDING SIGNATURE). NO CROSS OUT OR WHITE OUT WILL BE ACCEPTED. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.

SEE INSTRUCTIONS ON BACK.

Step 1: YOUR INFORMATION AND S	HIPPIN	G ADDRES	5 S (PL	EASE PF	INT)														
Your Name (First, Middle, Last Name, Suffix)	Please se	parate with a	space	between	irst, mido	le and l	ast na	ame.			_								
Street Address	· · ·			City							_		State		Zip (ode			
Your relationship to Person named E-mail Ad	dress				· ·	· · ·		'		Daytin	ne Ph	none	Num	ber					
on Certificate: Parent / Spouse Other-Specify																			
□ authorize mailing to the address below	-	-																	
First, Middle and Last Name, Suffix (Please sep	arate with	n a space betv	veen f	irst, middle	and last	name.													
Address to Send Certificate to if different than	noted ab	ove		City									State	2	Zip C	Code			
Reason for Request: Records Estate Insurance Other:																			
Step 2 : INFORMATION FOR THE PERSON NAMED ON DEATH CERTIFICATE (PLEASE PRINT)																			
Full Name on Certificate (First, Middle, Last	Name, Sul	ffix) Please se	parate	e with a spa	ice betwe	en first,	, mide	dle an	d last	name.									
Date of Death Month Day Year		Date	of Birt	th M	onth	Day	Yea	ar			Soci	ial Se	curity	/ Num	nber				
						1								+		╞			
Place of Death City				Co	unty		+				<u> </u>		St	ate					
														1	FEXAS (ONLY			7
Parent 1: First, Middle, Last name prior to first	marriage	(Maiden Nam	ne) Ple	ease separa	te with a	space b	etwe	en fir	st, mi	ddle an	d last	t nan	ne.						
Parent 2: First, Middle, Last name prior to first	marriage	(Maiden Nam	ne) Ple	ase separa	te with a	space b	etwe	en firs	st, mi	ddle an	d last	t nam	ne.						
Step 3 : COST & FEES (FEES NON-REFUNDABLE) Step 4 : AFFIDAVIT																			
Select Certificate Type:	Total		Step 4 : AFFIDAVIT													by			
First Death Certificate				\$	ONLY applications for death certificates (NOT death verifications) submitted by														
Additional Death Certificate(s)		x \$3.00			STATI	mail need to be notarized STATE OF													
) Death Verification x \$20.00			\$ \$	-1	COUNTY OF														
All orders are returned free of charge by USPS regular mail. For urgent requests,					This instrument was acknowledged before me on														
be EXPEDITED by sending the order through an of LoneStar, or UPS AND selecting one of the overni					This ir	strume	nt wa	is ack	nowle	edged b	efore	e me	on		(D	ate)			
Expedite Overnight Mail (for shipping with	\$13.00	hu									utc)								
\$8 for Overnight Mail + \$5 for Expedited processing					by			(Na	ame o	f perso	n ack	now	ledgir	ng)					—
Priority Mail (for shipping shipping to Overseas Military Address ONLY \$4.95 for Overnight Mail + \$5 for Expedited processing										-			-	-					
USPS Express Mail (for shipping overnight to PO Box ONLY)					1	(Personaliz (Notary Public's Signature)								lized	Seal)				
\$22.95 for Overnight Mail + \$5 for Expedited processing 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.			G: IT IS A F A FALSE S																
Total Due \$ MAKING A FALSE STATEMENT ON THIS FORM OR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT ON THIS FORM OR SIGNING A FORM OR SIGN																			
READ & SIGN (If record is not found,	the fees	are not re	fund	able and	are ke	ot. If re	ecor	d is r	not c	on file,	, VSS	S wi	ll iss	ue a	"not	t fou	nd" l	ettei	r.)
Signature of Applicant/ / Date Signed (MM/DD/YYYY)/ / /																			
														-					
OFFICE USE ONLY																			
	only)	DEATH	DEATH CERTIFICATE NUMBER: 142																
REMIT No		DOCL	IMENT (CONT	ROLN	NUME	BER(S):												
DATE																			
																			_



Texas Department of State Health Services

TEXAS DEATH CERTIFICATE APPLICATION

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Walk In: Same day service in most cases. Hours are Monday-Friday 8:00 am - 4:00 pm. DSHS - Vital Statistics Section, 1100 W. 49th St., Austin, TX 78756

Online Orders: Visit www.texas.gov to order online. Online orders are mailed 20-25 business days after receipt of the request.

Mail In Orders: Processed and mailed 6 - 8 weeks after receipt of the request. Mail to: DSHS - VSS, P.O. Box 12040, Austin, TX 78711-2040

Expedited Orders: Processed and mailed 20 - 25 business days after receipt of the request. Must be sent to the Texas Department of State Health Services - Vital Statistics Section via an OVERNIGHT mail service, such as FedEX, LoneStar, or UPS to: DSHS - VSS, 1100 W. 49th St., Austin, TX 78756

Copies of death certificates for deaths that occurred within the past 25 years can be requested only by immediate family members of the person whose name is on the certificate. See Section 181.1(13) of the Texas Administrative Code for who qualifies as an immediate family member. An immediate family member is the decedent's child, spouse, parent, sibling, or grandparent.

Applicants who are not immediate family members must provide legal documentation (such as an insurance policy listing the applicant as the beneficiary) that documents a direct, tangible interest in the death certificate.

The applicant must include a photocopy of his or her valid photo ID issued by a governmental entity. See Section 181.28 of the the Texas Administrative Code for a complete list of acceptable forms of identification. You also can see VSS's page on acceptable identification in English (http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs/) and Spanish (http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs/).

Applications for **death** certificates cannot be processed without a photo ID or alternate IDs and the signature of the applicant.

<u>Verification Letter</u> - A verification letter will include the decedent's name, the date of death, and the county where the death occurred. Verification letters are available for deaths that have occurred since 1903. Verification letters are not considered legal substitutes for certified copies of death certificates. The VSS strongly recommends that applicants ensure a verification will satisfy its intended use.

Walk In Customer Checklist

Complete steps 1, 2, and 3 of the application. Please type or print clearly.

Sign and date the application.

Have current driver's license, passport or state identification ready

Have appropriate fees ready. Make checks or money orders payable to DSHS - Vital Statistics.

Mail In / Expedited Customer Checklist

Complete steps 1, 2, and 3 of the application. Please type or print clearly.

Complete step 4 of the application: Sign and date the application in the presence of a notary public.

Enclose a copy of a current driver's license, passport or state identification.

Enclose appropriate fees. Make checks or money orders payable to DSHS - Vital Statistics.

For the status of your request, contact VSS by telephone at 1-888-963-7111 or by email at vrstatus@dshs.texas.gov.