

Health Services

MAIL APPLICATION FOR DEATH RECORD 1-888-963-7111

REMITTANCE NO CERT. #
DATE AMOUNT \$
DOCUMENT CONTROL #

OFFICE USE ONLY ☐ CHECK ☐ MONEY ORDER

PLEASE PRINT	CLEARLY.			-	L			FOUEST			- DE	- COTOTNAL	
INCLUDING SI	Y OF YOUR (APPLIC GNATURE). NO CRO	SS OU	T OR WI	HITE (OUT WILL	BE ACCE							
	NFORMATON AND SH		IG ADD	RESS	(PLEASE P	PRINT)							
Your Name (Firs	st, Middle, Last Name):												
Street Address:					City:				State:		Zip	Code:	
Email Address:									Daytime	l			
Your relations	hip to Person named	l on Ce	ertificate	e (Cho	eck One):				Phone Num Spouse	per: □ Parer	nt	☐ Sibling	
☐ Grandparent	☐ Funeral Home	9	☐ Othe	r:					•				
	ze mailing to the add	lress b	elow in	stead	of my ma	iling addı	ess	s listed a	bove.				
Name:													
Address to Send to if different than noted above:				City:				State:			Code:		
Reason for Re	quest: □ Estate □ Insuran	ce \Box	Other		•			"					
	IATION FOR PERSON				RECORD	(Must be	com	npleted	to Identify	Record R	eaue	sted)	
FULL NAME ON RECORD:	First Name					Middle Name			Last Name			· · · · · ·	
DATE OF DEATH:	Month		Day	Year		DATE OF BIRTH:	M	4onth	 	Day		Year	
SEX:		5	SOCIAL S	ECUR	ITY NUMBE	R:		_				l	
PLACE OF DEATH:	- 10 - 11 - 11 - 11 - 11 - 11 - 11 - 11				County	unty				TEXAS ONLY			
FULL NAME OF First Name PARENT 1:				Middle Name				Maiden Last Name (Before first marriage)					
FULL NAME OF PARENT 2:					Middle Na	Middle Name			Maiden Last Name (Before first marriage)				
Step 3: COST &	FEES (NOT REFUNDA	ABLE.	if Recor	d Not	found)		Ste	ep 4: AF	FIDAVIT (N	OTARY S	ECTI	ON)	
Select Record T		Qty	Price/e		Total		ON	LY appli	cations for	death ce	rtifica	ates (NOT deati	
☐ First Death Certificate			x \$20.	00	\$	'	eri:	fications	s) submitte	d by mail	need	d to be notarize	
☐ Additional De		x \$3.0	0	\$		STA	TE OF _						
☐ Death Verification			x \$20.	00	\$	\$							
	fficial certificate) Jests, orders may be l	FYDED	TTED by	candi	na the orde		COU	INTY OF					
through an over	night mail service, sucl	h as: Fl	EDEX, Lo	neSta	ar, or UPS t	to our 7	his	instrume	nt was ackn	owledged l	before	e me	
	s: DSHS - VSS MC 2				St., Austi	n, TX	o	on					
	ring the below expedit				\$5.00				Date)	-			
☐ Expedited Processing (estimated 20-25 business days)					, , , , , ,								
All orders are returned free of charge by USPS regular ma expedited return mail service, select one of the overnight shipping methods below.						(Printed Name of applicant acknowledging					acknowledging)		
□ Overnight Return Mail (for shipping within USA)					\$8.00								
☐ USPS Express Return Mail (for shipping to PO Box					\$22.95	5 -	(Notary Public's Signature)						
ONLY)					+F.00		-						
☐ I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas				\$5.00		(2							
Home Visitation	Program administered dination of Health and	by the	Office o	f Early						(Perso	onalized Seal)	
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OCUMENT THE DE	ENALTY FOR KNOWINGLY	ΜΔΚΙΝΟ	Α ΕΛΙ ΩΕ	STATE								RMATION ON THIS	
O 10 YEARS IMPRI	SONMENT AND A FINE OF Applications without	UP TO	\$10.000.	(HEAL	TH AND SAFE	ETY CODE, C	HAP	TER 195,	SEC. 195.003	.)	A I MLO	L STATEMENT 13 Z	
Signature of A									DD/YYYY)				
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MAIL APPLICATION FOR DEATH RECORD

Processing times are estimates and subject to change with an increased volume of customer applications.

FAILURE TO PROVIDE INFORMATION REQUESTED ON THIS FORM MAY RESULT IN SIGNIFICANT PROCESSING DELAYS AND/OR DENIAL OF YOUR APPLICATION.

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 15-20 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. For current processing times, please see our website at: https://www.dshs.texas.gov/vs/processing/.

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 MC 2096, 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 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-(Spanish)/).

Applications for death certificates cannot be processed without a copy of 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.

If a record is not on file, our office will issue a "not found" letter.

Customer	Checklist
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Fo	or more information, go to: https://www.dshs.texas.gov/vs/requirements.aspx .
	☐ Enclose appropriate fees. Make checks or money orders payable to DSHS - Vital Statistics.
	$\label{eq:complete} \square \ \ \text{Enclose a copy of a current driver's license, passport or state identification. See complete ID list on our website.}$
	\square Make sure the application is original and not a photocopy and there are no cross-outs or white-out.
	\square Sign and date the application.
	\square Complete step 4 of the application and have it notarized, if requesting a death certificate.
	\square Complete steps 1, 2, and 3 of the application. Please type or print clearly.

For the status of your request, contact VSS by telephone at 1-888-963-7111 or online at: https://www.dshs.texas.gov/orderstatus/.