



TEXAS
Health and Human
Services

**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 SHIPPING ADDRESS (PLEASE PRINT)

Your Name (First, Middle, Last Name, Suffix) Please separate with a space between first, middle and last name.

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Street Address										City					State		Zip Code		

Your relationship to Person named on Certificate: Parent / Spouse										E-mail Address					Daytime Phone Number				
Other-Specify																			

I authorize mailing to the address below, if mailing to address other than listed above.

First, Middle and Last Name, Suffix (Please separate with a space between first, middle and last name.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address to Send Certificate to if different than noted above										City					State		Zip 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, Suffix) Please separate with a space between first, middle and last name.

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Date of Death		Month	Day	Year			Date of Birth		Month	Day	Year			Social Security Number				

Place of Death					City					County					State				

TEXAS ONLY

Parent 1: First, Middle, Last name prior to first marriage (Maiden Name) Please separate with a space between first, middle and last name.

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Parent 2: First, Middle, Last name prior to first marriage (Maiden Name) Please separate with a space between first, middle and last name.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Step 3: COST & FEES (FEES NON-REFUNDABLE)

Select Certificate Type:	Qty	Price/each	Total
<input type="checkbox"/> First Death Certificate		x: 21.00	\$
<input type="checkbox"/> Additional Death Certificate(s)		x: 4.00	\$
<input type="checkbox"/> Death Verification		x \$20.00	\$

All orders are returned free of charge by USPS regular mail. For urgent requests, orders may be **EXPEDITED** by sending the order through an overnight mail service, such as: FEDEX, LoneStar, or UPS **AND** selecting **one** of the overnight return shipping methods below.

<input type="checkbox"/> Expedite Overnight Mail (for shipping within USA) \$8 for Overnight Mail + \$5 for Expedited processing	\$13.00
<input type="checkbox"/> Priority Mail (for shipping shipping to Overseas Military Address ONLY) \$4.95 for Overnight Mail + \$5 for Expedited processing	\$9.95
<input type="checkbox"/> USPS Express Mail (for shipping overnight to PO Box ONLY) \$22.95 for Overnight Mail + \$5 for Expedited processing	\$27.95
<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

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 _____ (Name of person 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 (If record is not found, the fees are not refundable and are kept. If record is not on file, VSS will issue a "not found" letter.)

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

OFFICE USE ONLY

CASH CHECK MONEY ORDER CREDIT CARD (walk in only)

AMOUNT\$ _____

REMIT No. _____

FILED BY STAFF _____

DATE _____

DEATH CERTIFICATE NUMBER: 142 - _____

DOCUMENT CONTROL NUMBER(S): _____



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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-\(Spanish\)/](http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs-(Spanish)/)).

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

Verification Letter - 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.