



Texas Department of State Health Services

MAIL APPLICATION FOR BIRTH RECORD

OFFICE USE ONLY: CHECK 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.

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):, I authorize mailing to the address below instead of my mailing address listed above.

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)

Step 3: COST & FEES (NOT REFUNDABLE, if Record Not found)

Table with columns: Select Record Type, Qty, Price/each, Total. Includes entry for Short Form Birth Certificate (General Use) at \$23.00.

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)