



Texas Department of State Health Services

MAIL APPLICATION FOR DEATH RECORD

OFFICE USE ONLY. REMITTANCE NO. DATE 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):

Step 2: INFORMATION FOR PERSON NAMED ON DEATH RECORD (Must be completed to identify Record Requested)

FULL NAME ON RECORD: First Name Middle Name Last Name DATE OF DEATH: Month Day Year DATE OF BIRTH: Month Day Year SEX: SOCIAL SECURITY NUMBER: PLACE OF DEATH: 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 rows for First Death Certificate and Additional Death Certificate(s).

Step 4: AFFIDAVIT (NOTARY SECTION)

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 (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)