

Texas L)epar	tment	ot	Sta	t
Health	Servi	ces			

OFFICE USE ONLY	☐ CHECK	☐ MONEY ORDER
REMITTANCE NO	_ CERT. #	
DATE	_ AMOUNT \$	
DOCUMENT CONTROL #		

PLEASE PRINT CLEARLY	PL	.EA	SE	PRIN	11	CL	.EA	RL	Y
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Health Services Health Services Health Services MAIL APPLICATION FOR DEATH RECO					DOCUMEN [*]	T C	ONTROL #		AMC	70W1 \$			<u> </u>		
PLEASE PRINT (INCLUDE A COP (INCLUDING SI	OF YOU). NO CROS	s ou	T OR W	HITE (OUT WILL	BE ACCE								\L
Step 1: YOUR IN Your Name (Firs			(PPIN	IG ADDI	RESS (PLEASE P	RINT)								
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Reason for Rec		□ Incurance	<u> </u>	Other											
Step 2: INFORM						RECORD ((Must be	CC	mpleted	to I	dentify	Record R	Reques	sted)	
FULL NAME ON RECORD:	First Nan					Middle Na			<u> лосси</u>		Last Na		30,000	, tou j	
DATE OF DEATH:	Month		[Day	Year		DATE OF BIRTH:		Month	I		Day		Year	
SEX:			5	SOCIAL S	SECUR!	ITY NUMBE	R:		_		_	I	I		
PLACE OF DEATH:	City or Town				County	County TEXAS ONL					ILY				
FULL NAME OF PARENT 1:	First Name			Middle Name			Maiden Last Name (Before first marriage)			riage)					
FULL NAME OF PARENT 2:	First Name			Middle Name				Maiden	Last Nam	e (Befor	re first marı	riage)			
Step 3: COST &	FEES (NO	T REFUNDA	RIF	if Recor	d Not	found)	- 1	9	Sten 4: Al	EETD	ΔVIT (N	NOTARY S	SECTIO	ON)	
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☐ First Death C	ertificate			x \$20.	00	\$		ve	rification	เร) รเ	ıbmitte	d by mai	l need	l to be no	tarize
☐ Additional De		cate(s)		x \$3.0	0	\$		STATE OF							
☐ Death Verification (letter, not of		icate)		x \$20.	00	\$			OUNTY OF						
For urgent requ	iests, orde	ers may be E					r					owledged	h - f		
through an over physical addres	s: DSHS -	- VSS MC 20	96, 1	L100 W.	49th		.o ou.	1111	on	ent w	as ackno	owieagea	berore	me	
78756 and pay						\$5.00				(Date)				
☐ Expedited Processing (estimated 20-25 business days) All orders are returned free of charge by USPS regular mail				, .		Ву									
expedited returnshipping metho	n mail ser						•	-,		(Pri	nted Na	me of app	licant	acknowled	lging)
☐ Overnight Re		(for shipping	with	in USA)		\$8.00									
USPS Expres	s Return N	Mail (for ship	ping t	to PO Bo	X	\$22.95	-	(Notary Public's Signature)							
ONLY) ☐ 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				\$5.00		(Personalized Seal				al)					
Childhood Coord	umation of	nealth and H	iumar	Total		4									

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)	/	/	

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/.