

**TEXAS**Health and Human  
ServicesTexas Department of State  
Health Services**MAIL APPLICATION FOR DEATH 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. SEE INSTRUCTIONS ON BACK.****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:		
<b>Your relationship to Person named on Certificate (Check One):</b>				<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling
<input type="checkbox"/> Grandparent <input type="checkbox"/> Funeral Home <input type="checkbox"/> Other: _____				
<input type="checkbox"/> I authorize mailing to the address below instead of my mailing address listed above.				
Name:				
Address to Send to if different than noted above:		City:	State:	Zip Code:
<b>Reason for Request:</b>				
<input type="checkbox"/> Records <input type="checkbox"/> Estate <input type="checkbox"/> Insurance <input type="checkbox"/> Other: _____				

**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		<b>TEXAS ONLY</b>		
FULL NAME OF PARENT 1:	First Name		Middle Name		Maiden Last Name (Before first marriage)		
FULL NAME OF PARENT 2:	First Name		Middle Name		Maiden Last Name (Before first marriage)		

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

Select Record Type:	Qty	Price/each	Total
<input type="checkbox"/> First Death Certificate		x \$20.00	\$
<input type="checkbox"/> Additional Death Certificate(s)		x \$3.00	\$
<input type="checkbox"/> Death Verification (letter, not official certificate)		x \$20.00	\$
For urgent requests, orders may be <b>EXPEDITED</b> by sending the order through an overnight mail service, such as: FEDEX, LoneStar, or UPS to our physical address: <b>DSHS - VSS MC 2096, 1100 W. 49th St., Austin, TX 78756</b> and paying the below expedited processing fee.			
<input type="checkbox"/> Expedited Processing (estimated 20-25 business days)			\$5.00
All orders are returned free of charge by USPS regular mail. For expedited return mail service, select <b>one</b> of the overnight return shipping methods below.			
<input type="checkbox"/> Overnight Return Mail (for shipping within USA)			\$12.50
<input type="checkbox"/> USPS Express Return Mail (for shipping to PO Box ONLY)			\$22.95
<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
<b>Total Due:</b>			<b>\$</b>

**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) \_\_\_\_/\_\_\_\_/\_\_\_\_





## 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](http://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-\(Spanish\)/](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.**

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.

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

### Customer Checklist

- ☐ Complete steps 1, 2, and 3 of the application. Please type or print clearly.
- ☐ Complete step 4 of the application and have it notarized, if requesting a death certificate.
- ☐ Sign and date the application.
- ☐ Make sure the application is original and not a photocopy and there are no cross-outs or white-out.
- ☐ Enclose a copy of a current driver's license, passport or state identification. See complete ID list on our website.
- ☐ Enclose appropriate fees. **Make checks or money orders payable to DSHS - Vital Statistics.**

**For more information, go to: <https://www.dshs.texas.gov/vs/requirements.aspx>.**

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