

OFFICE USE ONLY

Cert # _____

DOCUMENT CONTROL # _____

By _____



**MAIL APPLICATION FOR
BIRTH OR DEATH VERIFICATION
LETTER**

OFFICE USE ONLY

Remit No. _____

Amount \$ _____

Payment Method _____

Date _____

By _____

A verification letter is a letter than verifies whether or not a birth or death was filed with the State of Texas. It is not a certified copy of a birth or death certificate.

PLEASE PRINT

Type	Number	X	Cost	=	Total
Birth verification letter			\$22.00		
Death verification letter			\$20.00		
Total (Check or Money Order enclosed)					

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.

1. Full Name of Person on Record	First Name	Middle Name		Last Name
2. Date of Birth or Death	Month	Day	Year	3. Sex
4. Place of Birth or Death	City or Town	County		State
5. Full Name of Father	First Name	Middle Name		Last Name
6. Full Maiden Name of Mother	First Name	Middle Name		Maiden Name

7. YOUR NAME: _____ 8. TELEPHONE # (_____) _____ - _____
(MON-FRI 8:00-5:00)

9. MAILING ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

10. If certified copy is to be mailed to some other person, please complete:
Name _____ Street Address _____
City _____ State _____ Zip Code _____

For any search of the files where a record is not found, the searching fee is not refundable or transferable.

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

APPLICATIONS WITHOUT SIGNATURE OF APPLICANT WILL NOT BE PROCESSED.

Your Signature _____ Date of Application _____

MAIL THIS APPLICATION, PAYMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID (APPLICATIONS WITHOUT PHOTO ID WILL NOT BE PROCESSED) TO:
Texas Vital Records
Department of State Health Services
P.O. Box 12040
Austin, TX 78711-2040