

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 that 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		
<b>Total (Check or Money Order enclosed)</b>					

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