

Vital Statistics Issuance



Brandy Gibson, Manager
Records Issuance
1100 West 49th Street Austin, Texas 78756
512-776-7696, 888-963-7111 ext#7696
Brandy.Gibson@dshs.state.tx.us

- **Basic
Issuance**



ONLINE ORDERING



www.texas.gov

Processing Time: 10–15 business days

Breann Macklin, Team Lead
512-776-6357, 888-963-7111 ext. 6357
Breann.macklin@dshs.state.tx.us

MAIL IN ORDERS



Processing Time: 6 - 8 weeks

Charlotte Brown, Team Lead
512-776-2547, 888-963-7111 ext. 2547
Charlotte.brown@dshs.state.tx.us

LOBBY

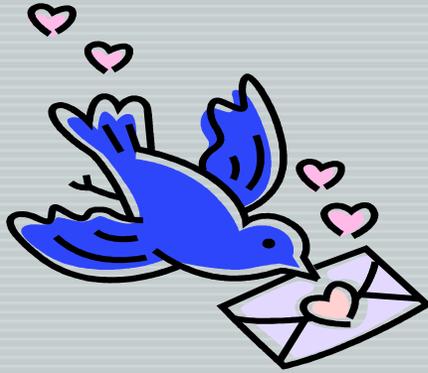


Processing Time: 5 - 30 minutes

Note: some applications may require 24 hours for processing

Melissa Zimmerman, Team Lead
512-776-3800, 888-963-7111 ext. 3800
Melissa.Zimmerman@dshs.state.tx.us

EXPEDITED SERVICES



**AWESOME!!
I RECEIVED MY
CERTIFICATE LESS
THAN A WEEK**



**WOW!!
THAT WAS
FAST.**



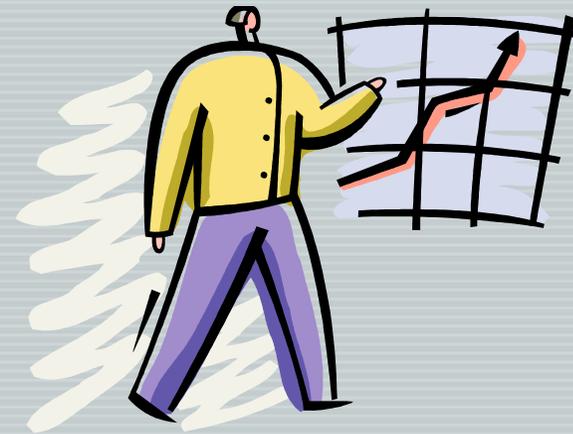
Expedited Services



- Orders must be sent to the Texas Department of State Health Services—Vital Statistics Unit, 1100 W 49th St, Austin, TX 78756 via an overnight mail service, such as: FedEx, Lone Star Overnight, or UPS. Do not send via USPS Priority Mail.
- Additional \$5 for expedite. \$8 return delivery for Lonestar (within Texas) or FedEx (outside of Texas) or \$19.95 for P.O. Box and express mail (optional)
- Incomplete or unacceptable applications will require additional processing time.

Outputs for Fiscal 2015

- **Birth Certificates**
- **Death Certificates**
- **Marriage**
- **Divorce**



BIRTH CERTIFICATES

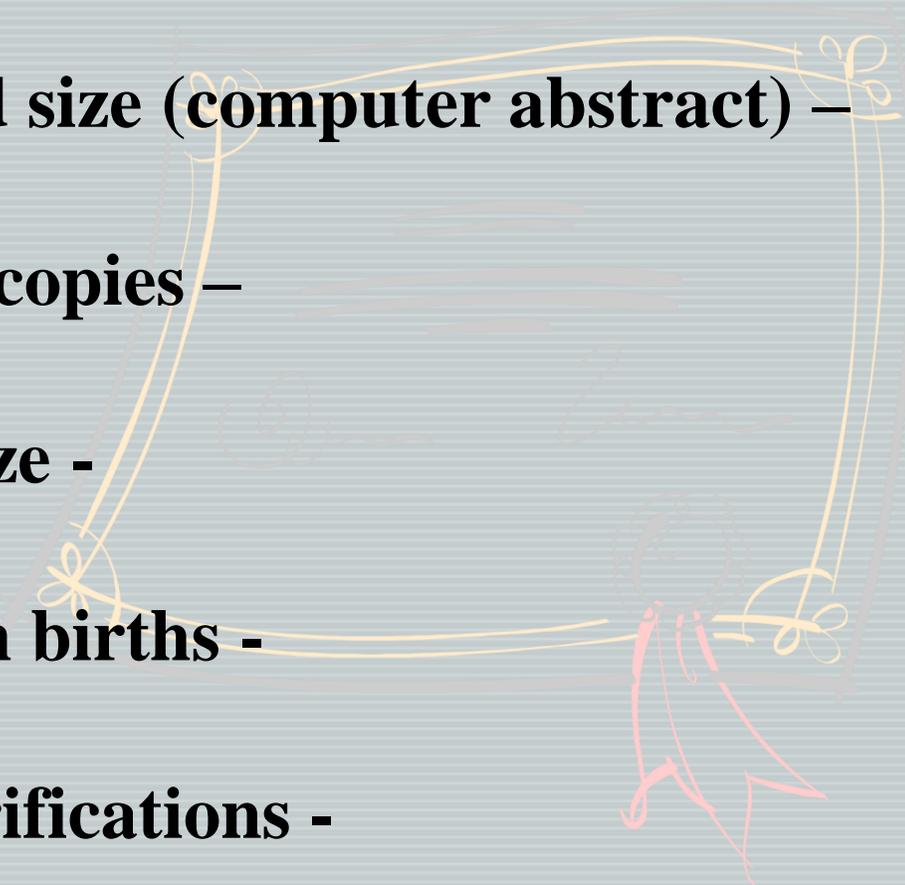
Standard size (computer abstract) – 31,165

Full size copies – 246,892

Wallet size - 12

Heirloom births - 1,782

Birth verifications - 3,872



DEATH CERTIFICATES

Full size copies - 1,612,316

Death verifications - 3,018

Certificate of Birth Resulting
in Stillbirth 38

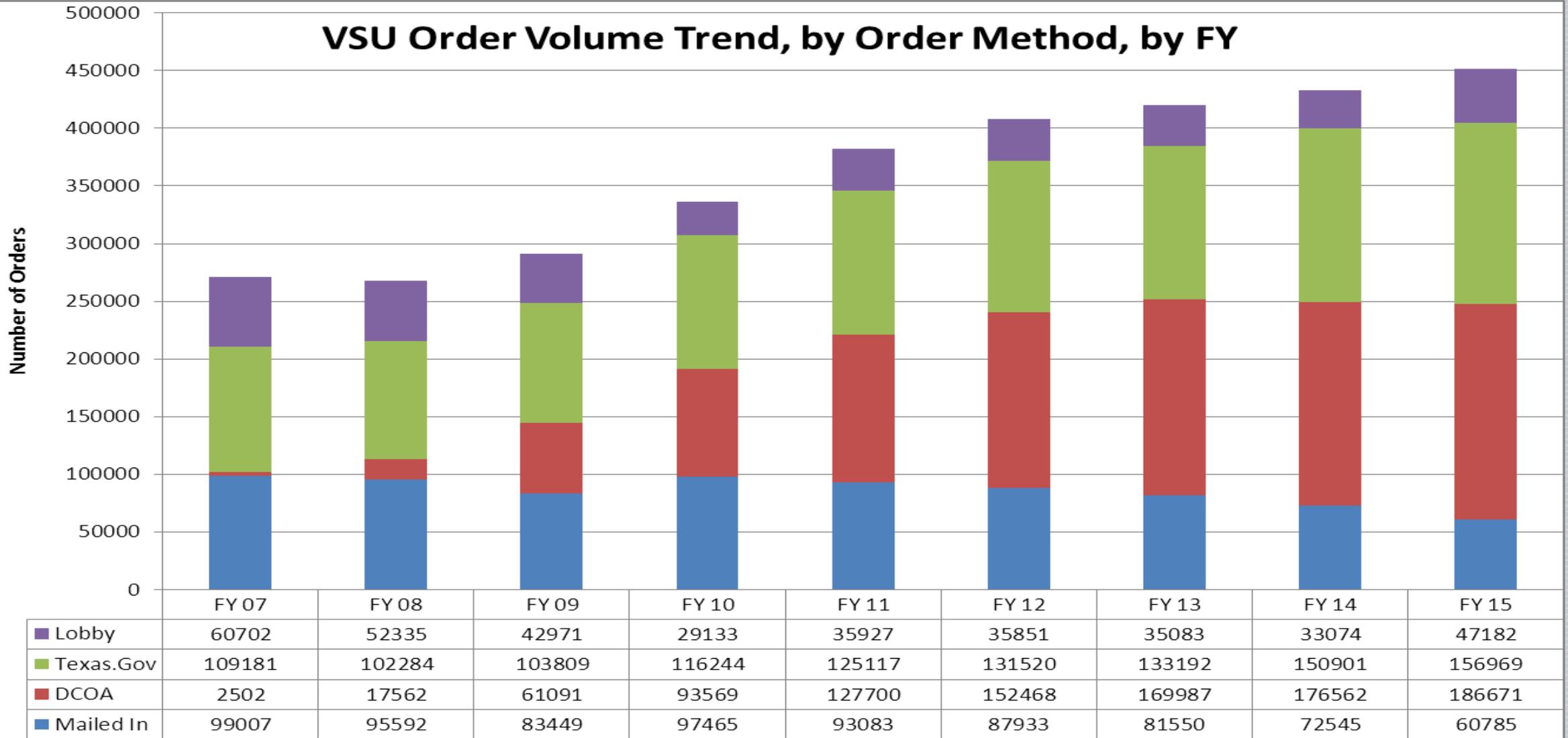
MARRIAGE/DIVORCE

Marriage verifications - 4,011

Divorce verifications - 2,478

VSU Order Volume

VSU Order Volume Trend, by Order Method, by FY



Orders by Area and Fiscal Year

Fiscal Year	Mail-In Orders	Funeral Home Orders (DCOA)	Texas.Gov Orders (Public)	VSU Lobby Orders	Total Orders	Year Over Year Increase	Total Records Issued	Year Over Year Increase	Avg Records Issued Per Order
FY 06	95,900	107	55,924	51,348	203,279	N/A	266,149	N/A	1.3
FY 07	99,007	2,502	109,181	60,702	271,392	34%	358,333	35%	1.3
FY 08	95,592	17,562	102,284	52,335	267,773	-1%	466,944	30%	1.7
FY 09	83,449	61,091	103,809	42,971	291,320	9%	800,407	71%	2.7
FY 10	97,465	93,569	116,244	29,133	336,411	15%	1,052,116	31%	3.1
FY 11	93,083	127,700	125,117	35,927	381,827	14%	1,401,193	33%	3.7
FY 12	87,933	152,468	131,520	35,851	407,772	7%	1,461,488	4%	3.6
FY 13	81,550	169,987	133,192	35,083	419,812	3%	1,765,555	21%	4.2
FY 14	72,545	176,562	150,901	33,074	433,082	3%	1,854,530	5%	4.3
FY 15	60,785	186,671	156,969	47,182	451,607	4%	1,962,825	6%	4.3

Statutory Update to Vital Statistics Applications



Senate Bill 200, Article 5 amended Section 191.0031 of the Texas Health and Safety Code (HSC) to state that the state registrar or a local registrar may not issue a certified copy of a record to a person who has applied for the record by mail unless the person has provided notarized proof of identity.

In accordance with HSC §191.0031, form VS-142.3 has been amended to require applicants provide a notarized proof of identity.

The application also includes form VS-142.3(a), which is the affidavit form. Both forms are attached to this correspondence.

Mail In Application

For faster service at no extra charge, order online at www.Texas.gov

OFFICE USE ONLY Cert # _____ DOCUMENT CONTROL # _____ By _____	 MAIL APPLICATION FOR BIRTH AND DEATH RECORD	OFFICE USE ONLY Remit No. _____ By ZZ 708-153
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PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND SWORN STATEMENT WHEN SENDING THE REQUEST. Make check or money orders payable to: DSHS - Vital Statistics. All funds are deposited directly to the Texas Comptroller of Public Accounts. For any search of the files where a record is not found, the searching fee is not refundable or transferable.

Birth Certificates				Death Certificates			
Type	Cost X	# of copies	Total	Type	Cost X	# of copies	Total
Certified Copy	\$22			Certified Copy (1 copy)	\$20		
Heirloom-Flag	\$60			Additional Copies	\$3		
Heirloom-Bassinet	\$60			(optional) \$8.00 Lone Star/FedEx QR, \$19.95 USPS Express return delivery			
			Total				Total

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.

BIRTH/DEATH RECORD INFORMATION

Full Name of Person on Record	First Name	Middle Name	Last Name
Date of Birth/Death	Month	Day	Year
Place of Birth/Death	City or Town	County	State
Full Name of Parent 1	First Name	Middle Name	Maiden Name/Last Name
Full Name of Parent 2	First Name	Middle Name	Maiden Name/Last Name

REQUESTOR INFORMATION

Requestor Name	Telephone #	Email Address
Full Mailing Address	Street Address	City State Zip
Relationship to person listed above	Purpose for obtaining this record:	

I authorize mailing to the address below. I have verified that the address below will receive my order.

Name of Person Receiving Copies, if Different from Requestor
Mailing Address for Copies, if Different from Requestor
City State Zip

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR 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)

Your Signature _____ Date of Application _____

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

(APPLICATIONS WITHOUT PHOTO ID AND THE ATTACHED SWORN STATEMENT WILL NOT BE PROCESSED)

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE			
FULL NAME OF PERSON ON RECORD		DATE OF BIRTH/DEATH	
PLACE OF BIRTH/DEATH (City or County)			SEX
FULL NAME OF PARENT 1		FULL NAME OF PARENT 2	

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.

NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

STATE OF _____
 COUNTY OF _____

Before me on this day appeared _____ (Name) _____
 now residing at _____ (Address) _____ (City) _____ (State) _____
 who is related to the person named on Part I as _____ (Relationship) _____ and who on oath deposes and says that the contents of this affidavit are true and correct.

Signature _____

Sworn to and subscribed before me, this _____ day of _____, 20 _____.

(Seal)

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State and Zip

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR 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)

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:
 Texas Vital Records
 Department of State Health Services
 P.O. Box 12040
 Austin, TX 78711-2040

(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)

Please only modify these forms to reflect your office address and information.

Identification Requirements

Uniform Identification Accepted by VSU

- Modeled after the Department of Public Safety Model
- Expanded to allow for detailed list of acceptable identification
- Entered into the Texas Administrative Code

There are Three Classes of Identification

- **Primary** – These documents primarily stand alone and require no supporting instruments unless specified.
- **Secondary Identification** – These are used when you do not have a primary form of identification. Applicants are permitted to submit secondary forms of identification. Two forms of secondary identification are required.
- **Supporting Identification** – These consist of other records or documents. Two forms of “Supporting Identification” and one form of “Secondary Identification” are required.

Primary Acceptable ID's



- **Driver's License;**
- **Federal or State Identification card;**
- **Federal, State or City law enforcement employment identification card, or employment badge accompanied by employment identification card;**
- **Offender Identification card issued by the Department of Criminal Justice correctional facility or institution;**
- **Military Identification card;**
- **Department of Homeland Security, United States Citizenship and Immigration Services (USCIS) issued:**
 - **Employment Authorization Document (EAD);**
 - **Permanent Resident Card (green card);**
 - **Travel Documents:**
 - § **Re-entry Permit;**
 - § **Refugee Travel Permit; or**
 - § **Advance Parole.**
 - **SENTRI Card; or**
 - **U.S. Citizen Identification Card.**
- **United States Department of State issued:**
 - **Border Crossing Card (B1 for business or pleasure or B2 medical purposes); or**
 - **Visa**
- **Concealed Handgun License;**
- **Pilot's license; or**
- **United States Passport.**



Secondary Acceptable ID's

NOTE:

One document must contain the applicants name and signature and/or an identifiable photo of the applicant



- **Current student identification;**
- **Any Primary Identification that is expired;**
- **Signed Social Security card, or Numident;**
- **DD Form 214 Certificate of Release;**
- **Medicaid card or Medicare card;**
- **Veterans Affairs card;**
- **Medical insurance card;**
- **Foreign Passport accompanied by a Visa issued by the United States Department of State;**
- **Foreign Passport in accordance with the United States Department of State, Visa Waiver Program;**
- **Certified birth certificate from the Department of State (FS-240, DS-1350 or FS-545);**
- **Private Company Employment Identification card;**
- **Form I-94 - accompanied by the applicant's Visa or Passport;**
- **Mexican voter registration card; or**
- **Foreign Identification with identifiable photo of applicant.**

Supporting Identification



- **(3) Supporting Identification – These items consist of other records or documents that aid examining personnel in verifying the applicants' identity. The examining or supervisory personnel may determine that an unlisted document meets the department's needs in establishing identity.**

Examples:

- **Utility bill dated within the last 30 days**
- **Paycheck stub dated within the last 30 days**
- **Bank account statement dated within the last 30 days**
- **Public assistance applications or letters (must contain information validating the identity of the applicant and dated within the last 30 days)**
- **Police report of stolen identification**
- **Official school transcript**

Third Party Authorization

Third party applicants must submit:

- A signed, notarized authorization form with an attached identifiable photo of the applicant
- Power of Attorney or
- Court documents including:
 - Wills
 - Probate Forms
 - Testamentary Letters
 - Property Liens and Titles, and
 - Promissory Notes

Examples of Acceptable ID's





THIS IS AN IMPORTANT RECORD SAFEGUARD IT!

1. LAST NAME (FIRST NAME WHERE NAME)		2. SERVICE NUMBER		3. SOCIAL SECURITY NUMBER	
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY RA SIG		5. GRADE, RATE OR RANK SP4	6. PAY GRADE SP4	7. DATE OF BIRTH 29 JUN 69	8. MONTH YEAR OCT 69
9. U.S. CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>		10. PLACE OF BIRTH (City and State or Country) TEXAS		11. DATE OF ENTRY JUN 68	
12. SELECTIVE SERVICE NUMBER		13. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE		14. DATE INDUCTED RA	
15A. TYPE OF TRANSFER OR DISCHARGE TRF TO USAR (SEE 16)		16. STATION OR INSTALLATION AT WHICH APPLICANT PF DIX NJ			
17. REASON AND AUTHORITY AR 635-200 SEP 61 EARLY SEP FR OR		18. CHARACTER OF SERVICE HONORABLE		19. TYPE OF CERTIFICATE ISSUED ROSE	
20. LAST DUTY ASSIGNMENT AND MAJOR COMMAND SYC WBY 2D IN 6TH ARMY USARVN		21. TYPE OF TRANSFER TRF TO USAR COM OP (SERV) USAGC ST LOUIS MO		22. TYPE OF CERTIFICATE CODE RE-1	
23. DUTY STATION, AREA COMMAND OR STATION TO WHICH TRANSFERRED USAGC ST LOUIS MO		24. SOURCE OF ENTRY <input checked="" type="checkbox"/> MILITARY <input type="checkbox"/> OTHER		25. TYPE OF SERVICE 3 11 APR 67	
26. FORMER REGULAR EMPLOYMENT NONE		27. PLACE OF ENTRY (CITY AND STATE) (COUNTRY AND STATE) (ZIP AND STATE) EPOCHAM WASHINGTON		28. DATE OF ENTRY 3 11 APR 67	
29. FORMER RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE NONE		30. STATEMENT OF SERVICE GOOD CONDUCT MEDAL		31. YEARS MONTHS DAYS 2 11 20	
32. SPECIALTY NUMBER & TITLE & SELECTED OCCUPATIONAL CATEGORY AND TITLE NUMBER 36K20 WIRESMAN		33. TOTAL ACTIVE SERVICE 2 11 20		34. PERIOD AND/OR GRADE SERVICE SEP 60	
35. RECOGNITIONAL MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN MEDALS AWARDED OR AUTHORIZED: GOOD CONDUCT MEDAL NATIONAL DEFENSE SERVICE MEDAL VIETNAM SERVICE MEDAL SHARPSHOOTER M-14 SHARPSHOOTER M-16					
36. EDUCATION AND TRAINING COMPLETED: ATP 21-114 CODE OF COND C 3 R TRG RVE TWO WIRESMAN 8 WEE 67					
37. REPORTING PERIOD TIME LEFT (Month The Year) NA		38. DAYS ACCUMULATED LEAVE PAID (ONLY IN DOLLARS) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		39. AMOUNT OF ALLOWMENT (DOLLARS) NA	
40. VA CLAIM NUMBER C-NA		41. SERVICEMAN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> NONE		42. MONTH ALLIEMENT (DOLLARS) NA	
43. REMARKS BLOOD GP 0 8 YRS ELAM (GSM) USAGC VIETNAM 22 OCT 67 - 20 OCT 68 USARVN GERMANY 3 JUN 69 - 5 APR 70					
44. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, Apt. No., City, State and ZIP Code)		45. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED			
46. TYPE, GRADE, RATE AND TITLE OF AUTHORIZING OFFICER CPT FA ARMY CHIEF ENL BRANCH		47. SIGNATURE OF OFFICER AUTHORIZED TO SIGN			



Examples of Non-Acceptable ID's:



Questions and Suggestions:



THANK

YOU!