



TEXAS BIRTH CERTIFICATE APPLICATION

PLEASE PRINT. APPLICATION MUST BE ORIGINAL (INCLUDING SIGNATURE). NO CROSS OUT OR WHITE OUT WILL BE ACCEPTED. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST. SEE INSTRUCTIONS ON BACK.

Step 1: YOUR INFORMATION AND SHIPPING ADDRESS (PLEASE PRINT)

Your Name (First, Middle, Last Name, Suffix) Please separate with a space between first, middle and last name.

Street Address						City			State		Zip Code
Your relationship to Person named on Certificate: Self / Parent / Other-Specify _____				E-mail Address				Daytime Phone Number			
<input type="checkbox"/> I authorize mailing to the address below, if mailing to address other than listed above.											
First, Middle, Last Name, Suffix Please separate with a space between first, middle and last name.											
Address to Send Certificate to if different than noted above						City			State		Zip Code
Reason for Request: <input type="checkbox"/> Newborn <input type="checkbox"/> Travel/Passport <input type="checkbox"/> Records <input type="checkbox"/> School <input type="checkbox"/> Insurance <input type="checkbox"/> Other: _____											

Step 2 : INFORMATION FOR PERSON NAMED ON BIRTH CERTIFICATE (PLEASE PRINT)

Full Name on Certificate (First, Middle, Last Name, Suffix) Please separate with a space between first, middle and last name.

Date of Birth		Month		Day		Year					
Place of Birth		City				County				State	
Parent 1: First Middle, Last name prior to first marriage (Maiden Name). Please separate with a space between first, middle and last name.											
Parent 2: First Middle, Last name prior to first marriage (Maiden Name). Please separate with a space between first, middle and last name.											

Step 3 : COST & FEES (FEES NON-REFUNDABLE)

Select Certificate Type:	Qty	Price/each	Total
<input type="radio"/> Long Form Birth Certificate		x \$22.00	\$
<input type="radio"/> Short Form Birth Certificate		x \$22.00	\$
<input type="radio"/> Texas Flag Heirloom Birth Certificate		x \$60.00	\$
<input type="radio"/> Bassinet Heirloom Birth Certificate		x \$60.00	\$
<input type="radio"/> Birth Verification		x \$22.00	\$
<input type="radio"/> Military Personnel with current deployment orders		Exempt	
All orders are returned free of charge by USPS regular mail. For urgent requests, orders may be EXPEDITED by sending the order through an overnight mail service, such as: FEDEX, LoneStar, or UPS AND selecting one of the overnight return shipping methods below.			
<input type="radio"/> Expedite Overnight Mail (for shipping within USA) \$8 for Overnight Mail + \$5 for Expedited processing			\$13.00
<input type="radio"/> Priority Mail (for shipping to Overseas Military Address ONLY) \$4.95 for Overnight Mail + \$5 for Expedited processing			\$9.95
<input type="radio"/> USPS Express Mail (for shipping overnight to PO Box ONLY) \$22.95 for Overnight Mail + \$5 for Expedited processing			\$27.95
<input type="radio"/> 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
Total Due		\$	

Step 4 : AFFIDAVIT

ONLY applications for birth certificates (NOT birth verifications) submitted by mail need to be notarized

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me on _____ (Date)

by _____ (Name of person 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 (If record is not found, the fees are not refundable and are kept. If record is not on file, VSS will issue a "not found" letter.)

Signature of Applicant _____ Date Signed (MM/DD/YYYY) ___ / ___ / ___

OFFICE USE ONLY

CASH CHECK MONEY ORDER CREDIT CARD (walk in only)

BIRTH CERTIFICATE NUMBER 142 - _____

DOCUMENT CONTROL NUMBER(S) _____

REMIT No. _____ AMOUNT \$ _____

DATE _____ FILED BY STAFF _____