

Mail application, supporting document(s), and the statutory filing fee of \$15.00 to the address listed. This fee does not include the cost of a certified copy of the record after the amendment is filed. Please enclose additional fee of \$20.00 for the first copy of the amended certificate requested, and \$3.00 for each additional copy.

VITAL STATISTICS UNIT
 DEPARTMENT OF STATE
 HEALTH SERVICES
 P O BOX 12040
 AUSTIN TEXAS 78711-2040
 1-888-963-7111



STATE OF TEXAS

APPLICATION TO AMEND CERTIFICATE OF DEATH

NO. _____

Please type or print.

NAME _____			EMAIL ADDRESS: _____		
LAST	MIDDLE	FIRST			
MAILING ADDRESS _____			DAYTIME PHONE (_____) _____		
CITY _____		STATE _____	ZIP _____		
SIGNATURE _____					

PART I. ENTER NAME, DATE AND PLACE OF DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON DEATH CERTIFICATE.					
1. FULL NAME OF DECEASED			2. DATE OF DEATH		
3. PLACE OF DEATH (City or County)		4. SEX	5. STATE OR LOCAL FILE NO. (If known)		
6. FULL NAME OF FATHER		7. FULL MAIDEN NAME OF MOTHER			

PART II. ITEM(S) ON ORIGINAL DEATH CERTIFICATE TO BE CORRECTED.		
8. LIST ITEM OR ITEM NO.	9. ENTRY ON ORIGINAL CERTIFICATE	10. CORRECT INFORMATION

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED BY THE INFORMANT, PHYSICIAN, OR FUNERAL DIRECTOR WHO SIGNED THE ORIGINAL DEATH CERTIFICATE. THIS SECTION <u>MUST</u> BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.	
STATE OF TEXAS, COUNTY OF _____	
Before me on this day appeared _____ (Name of Affiant)	
now residing at _____ (Street Address) (City)	
_____, who is related to the deceased named in Item 1 above as _____ (State)	
and who on oath deposes and says that the death certificate identified in Part I is in error with respect to the entries shown in Item 9 above and that the information shown in Item 10 is true and correct.	
Signature _____	
Sworn to and subscribed before me, this day of _____, 20 _____.	
	Signature of Notary Public

PART IV. LIST OF DOCUMENTS SUBMITTED WITH THIS APPLICATION. (See Parts V and VI on reverse side.) OFFICE USE ONLY	Commission Expires
	Typed or Printed Name
	Street Address
	City and State

PART V. EXAMPLES OF CORRECTIONS AND TYPES OF DOCUMENTS REQUIRED. GENERALLY, THE AFFIDAVIT AND ONE ACCEPTABLE DOCUMENT ARE SUFFICIENT.

EXAMPLES OF CORRECTIONS

TYPES OF DOCUMENTS

A. ADDING INFORMATION

[Items left blank on the certificate, excluding cause of death medical information]

[1] Supporting documents may be required (**SEE PART VI**).....Affidavit signed by informant, Funeral Director in Charge

B. CORRECTIONS IN SPELLING

[1] Supporting documents may be required (**SEE PART VI**).....Affidavit signed by informant, Funeral Director in Charge

C. CHANGES IN INFORMATION

[1] Relating to Deceased

- a. Given Name Affidavit signed by Funeral Director in Charge or informant and a document
- b. Last Name..... Affidavit signed by Funeral Director in Charge or informant and a document
- c. Informant..... Changing the Informant requires a court order.
- d. Marital Status Affidavit signed by original informant. If the original informant is not available or refuses to sign the affidavit, a Court Finding as to the marital status of the deceased at the time of death is required. If changing status to married, must add name of surviving spouse.
- e. Date of Birth of Decedent..... Affidavit and one early document (**SEE PART VI**)
- f. Age..... Affidavit by informant or Funeral Director
- g. Usual Occupation..... Affidavit by informant, relative, or Funeral Director in Charge
- h. Birthplace Affidavit by informant, relative, or Funeral Director in Charge and a document

[2] Relating to Parent(s)

- a. Given Name(s) Affidavit by informant, relative, or Funeral Director in Charge and a document
- b. Last Name of Father or Maiden name of Mother Affidavit by informant, relative, or Funeral Director in Charge and a document

NOTE: ITEMS 2, AND 26 THROUGH 41 REQUIRE A MEDICAL AMENDMENT

NOTE: ALL SUPPORTING DOCUMENTS MUST MATCH THE REQUESTED CORRECTIONS EXACTLY.

NOTE: ALL OTHER ITEMS REQUIRING CORRECTION SHOULD BE REFERRED TO VITAL STATISTICS FOR INSTRUCTIONS ON POSSIBLE DOCUMENTATION.

PART VI. SUGGESTED TYPES OF DOCUMENTARY EVIDENCE. THE DOCUMENT MUST SHOW THE CORRECT INFORMATION REGARDING THE ITEM(S) TO BE CORRECTED.

- 1. BAPTISMAL CERTIFICATE (within 5 years of the time of birth)
- 2. ARMED FORCES DISCHARGE PAPERS
- 3. BIRTH CERTIFICATE OF DECEDENT'S CHILD
- 4. BIRTH CERTIFICATE OF DECEASED
- 5. DIVORCE RECORD (limited use)

NOTE

Contact our office to determine if a supporting document is required.

Contact our office regarding the required age of the document.

The fee for conducting each search and issuing a certified copy of a death certificate is \$20.00. If more than one certification of the same record is required at the same time, the fee for the first copy of a death record is \$20.00 and \$3.00 for each additional copy of the record requested by the applicant in a single request. For any search of the files where a record is not found or a certified copy is not issued, the fee is \$20.00.

Mail application, supporting document(s), and the statutory filing fee of \$15.00 to the address below. This fee does not include the cost of a certified copy of the record after the amendment is filed. Please enclose additional fee of \$20.00 for the first copy of the amendment certificate requested, and \$3.00 for each additional copy.

Expedited Services: Orders must be sent to the Texas Department of State Health Services via overnight mail service, such as Fedex, Lone Star Overnight, or UPS. There is an additional \$5 fee for expedited requests. There is an \$8 return delivery fee for Lonestar (within Texas) or Fedex (outside of Texas) or \$19.95 for P.O. Box and express mail (optional).

Mail Expedited Requests to:
 Vital Statistics Unit
 1100 W. 49th St.
 Austin, TX 78756

If we may be of further assistance you may call 1-888-963-7111, Monday – Friday 8am-5pm

Texas Vital Statistics Department of State Health Services
 P.O. BOX 12040 Austin, Texas 78711-2040

OFFICE USE ONLY



OFFICE USE ONLY
Remit No
By ZZ 708-153

**MAIL APPLICATION FOR
BIRTH AND DEATH RECORD**

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN 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
Standard Size <input type="checkbox"/> Long form <input type="checkbox"/>	\$22			Certified Copy (1 copy)	\$20		
Heirloom Flag <input type="checkbox"/> Bassinet <input type="checkbox"/>	\$60			Additional Copies	\$3		
Total (Check or money order payable to DSHS)				Total (Check or money order payable to DSHS)			

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.

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)

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

APPLICANT INFORMATION (Part II)

Applicant Name	Telephone #	Email Address
Full Mailing Address	Street Address	City State Zip
Relationship to person listed above	Purpose for obtaining this record:	
<input type="checkbox"/> 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 Applicant		
Mailing Address for Copies, if Different from Applicant		
City	State	Zip

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III)

STATE OF _____ COUNTY OF _____ Before me on this day appeared _____ (Applicant 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.

The applicant presented the following type and number of identification: _____

Applicant Signature _____

(Seal) Sworn to and subscribed before me, this ____ day of ____, 20____.

Signature of Notary Public and Notary ID Number _____

Typed or Printed Name: _____

Commission Expires: _____

Street Address: _____

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.)

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