

OFFICE USE ONLY

Cert # _____

DOCUMENT CONTROL # _____

By _____



**MAIL APPLICATION FOR
SCHOOL CERTIFICATE**

OFFICE USE ONLY

Remit No. _____

By _____

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID WHEN SENDING THE REQUEST.

This Certificate is issued in compliance with Sec. 191.0046 Texas Health and Safety Code, 1989. Which provides that the State Registrar shall, upon request of any parent or guardian, supply, without fee, a certificate limited to a statement as to the date of birth of any child when the same shall be necessary for admission to school, or for the purpose of securing employment.

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	Day	Year
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)

EMAIL ADDRESS _____

9. MAILING ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

10. RELATIONSHIP TO PERSON NAMED IN ITEM 1: _____ 11. PURPOSE FOR OBTAINING THIS RECORD: _____

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

NAME _____ STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____

Your Signature _____ Date of Application _____

MAIL THIS APPLICATION AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

**Texas Vital Records
Department of State Health Services
PO Box 149347
Austin, TX 78714-9347**

APPLICATIONS WITHOUT PHOTO ID WILL NOT BE PROCESSED.

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 §195.003)