



Texas Department of State Health Services

OFFICE USE ONLY
REMITTANCE NO. CERT. #
DATE AMOUNT \$
DOCUMENT CONTROL #

APPLICATION FOR CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH

PLEASE PRINT CLEARLY.

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

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

Your Name (First, Middle, Last Name):
Street Address: City: State: Zip Code:
Email Address: Daytime Phone Number:
Your relationship to Person named on Certificate (Check One): Parent Other:
I authorize mailing to the address below instead of my mailing address listed above.
Name:
Address to Send to if different than noted above: City: State: Zip Code:

Step 2: INFORMATION FOR PERSON NAMED ON RECORD (Must be completed to Identify Record Requested)

FULL NAME ON RECORD: First Name Middle Name Last Name
DATE OF EVENT: Month Day Year SEX:
PLACE OF EVENT: City or Town County TEXAS ONLY
FULL NAME OF PARENT 1: First Name Middle Name Maiden Last Name (Before first marriage)
FULL NAME OF PARENT 2: First Name Middle Name Maiden Last Name (Before first marriage)

Step 3: COST & FEES (NOT REFUNDABLE, if Record Not found)

Table with columns: Number of Copies, Price/each, Total. Includes rows for expedited processing (\$5.00), overnight return mail (\$12.50), USPS Express Return Mail (\$22.95), and a voluntary contribution of \$5.00. Total Due: \$

MAKE CHECKS OR MONEY ORDERS PAYABLE TO: DSHS - VITAL STATISTICS.

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 (Applications without signatures or attached valid ID will NOT be accepted for processing)

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



MAIL APPLICATION FOR CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH

Processing times are estimates and subject to change with an increased volume of customer applications. FAILURE TO PROVIDE INFORMATION REQUESTED ON THIS FORM MAY RESULT IN SIGNIFICANT PROCESSING DELAYS AND/OR DENIAL OF YOUR APPLICATION.

Walk In: Same day service in most cases. Hours are Monday-Friday 8:00 am - 4:00 pm. DSHS - Vital Statistics Section, 1100 W. 49th St., Austin, TX 78756

Mail In Orders: Processed and mailed 6 - 8 weeks after receipt of the request. Mail to: DSHS - VSS, P.O. Box 12040, Austin, TX 78711-2040. For current processing times, please see our website at: <https://www.dshs.texas.gov/vs/processing/>.

Expedited Orders: Processed and mailed 20 - 25 business days after receipt of the request. **Must be sent to the Texas Department of State Health Services - Vital Statistics Section via an OVERNIGHT mail service, such as FedEx, LoneStar, or UPS to: DSHS – VSS MC 2096, 1100 W. 49th St., Austin, TX 78756**

Certificate of Birth Resulting in Stillbirth – Parents of a stillborn child may order a *Certificate of Birth Resulting in Stillbirth (CBRS)*. If the child was of a gestational age of no less than 20 weeks, parents may request a *CBRS* from Texas Vital Statistics by submitting this application and the \$20.00 fee.

When a *Certificate of Birth Resulting in Stillbirth* is requested, Texas Vital Statistics will issue a certificate with the name, date of delivery, city and county in which the event took place, and parent or parents' names. This information can only be taken from the state fetal death record on file in the Texas Vital Statistics office. The *Certificate of Birth Resulting in Stillbirth* cannot be used as proof of live birth.

If a *Certificate of Birth Resulting in Stillbirth* is requested and a parent did not wish to provide a name on the state death record at the time of completion, the *Certificate of Birth Resulting in Stillbirth* will be issued with the name "Baby Boy" or "Baby Girl" and the last name of the parent.

If a parent wishes to have the name added or make any other changes to the *Certificate of Birth Resulting in Stillbirth*, the state fetal death record will need to be amended in order to make the desired changes. To amend the record, a parent can complete the application form VS-172 and sign it in the presence of a notary public. The VS-172 application can be obtained at the office of any local registrar or may be downloaded from the Texas Vital Statistics website at the following link: <http://www.dshs.state.tx.us/vs/reqproc/amendment.shtm>. The fee for amending the record is \$15.00.

The applicant must include a photocopy of his or her valid photo ID issued by a governmental entity. See Section 181.28 of the Texas Administrative Code for a complete list of acceptable forms of identification. You also can see VSS's page on acceptable identification in English (<http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs/>) and Spanish ([http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs-\(Spanish\)/](http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs-(Spanish)/)).

Customer Checklist

- Complete steps 1, 2, and 3 of the application. Please type or print clearly.
- Sign and date the application.
- Make sure the application is original and not a photocopy and there are no cross-outs or white-out.
- Enclose a copy of a current driver's license, passport or state identification. See complete ID list on our website.
- Enclose appropriate fees. **Make checks or money orders payable to DSHS – Vital Statistics.**

For the status of your request, contact VSS by telephone at 1-888-963-7111 or online at: <https://www.dshs.texas.gov/orderstatus/>.