



Delayed Birth Registration

Who Can Apply for a Delayed Birth Record?

- The person named on the birth certificate, if at least 18 years of age.
- Parent(s) named on the birth certificate, if child is under 18 years of age.
- Legal guardian(s), managing conservator or legal representative (proof required) of the person named on the birth certificate.

How Do I Apply for a Delayed Birth Record?

- Complete and sign this application, pages 5-7. Affidavit to Birth Facts must be signed by older immediate family member at least 10 years older than registrant, page 4.
 - Everyone signing pages 4 and 7 must sign before a notary public and ATTACH A COPY OF THEIR VALID PHOTO ID(S).** 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/regproc/Acceptable-IDs/>) and Spanish ([http://www.dshs.texas.gov/vs/regproc/Acceptable-IDs-\(Spanish\)/](http://www.dshs.texas.gov/vs/regproc/Acceptable-IDs-(Spanish)/))
- The application must be original. Photocopies, alterations, strike-through, or write overs will not be accepted.
- Submit the appropriate documentation. See pages 2-3.
- Submit the appropriate fees. See fee schedule below.

For Frequently Asked Questions, go to: <https://www.dshs.texas.gov/vs/faq/#delay>
 For more information, go to: <https://dshs.texas.gov/vs/delayed/>.

Where Do I Mail the Application?

Regular Mailing Instructions:

Please submit your application, supporting documents and fees to:
DSHS – Vital Statistics Section, P.O. Box 12040, Austin, TX 78711-2040.

FAILURE TO PROVIDE INFORMATION REQUESTED ON THIS FORM MAY RESULT IN SIGNIFICANT PROCESSING DELAYS AND/OR DENIAL OF YOUR APPLICATION.

Fees: How much must I submit?

	Fee Schedule	Fee (\$)	Qty (#)	Total (\$)
Filing Fees (Select One):				
<input checked="" type="checkbox"/>	Delayed Birth Certificate	\$25.00		= \$ 25.00
All orders are returned free of charge by USPS regular mail. For expedited return mail service, select one of the overnight return shipping methods below.				
<input type="checkbox"/>	Expedite Overnight Mail (shipping within USA)	\$12.50		=
<input type="checkbox"/>	USPS Express Overnight Mail (shipping overnight to PO Box ONLY)	\$22.95		=
Birth Certificate(s):				
<input type="checkbox"/>	Certified copy of Delayed Birth Certificate (You must submit the Not Found Statement)	\$0.00	1	= \$0.00
<input type="checkbox"/>	Certified copy of Delayed Birth Certificate	\$22.00	X _____	=
	Grand Total			\$ 25.00

Fees may be combined in one check or money order made payable to DSHS – Vital Statistics

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

Please include the Not Found Statement issued by DSHS-Vital Statistics to receive a certified copy of delayed birth certificate

Delayed Filing Process:

Customer must first request a certified copy of the birth record from Vital Statistics Section (VSS). If a birth is not on file, the customer will receive:

- Not Found Statement
- Delayed Application Packet

The customer would need to send the completed delayed application packet, supporting documents, and Not Found Statement to begin the delayed record process.

Delayed applications will not be accepted for deceased persons.

Supporting Documents – General Requirements:

The Birth occurred at Least 1 but Less than 4 Years before the date of application:

- State registrar may require evidence to substantiate the facts of the birth and may require a statement explaining the delay in filing the birth certificate. An Affidavit of Birth Facts will not be sufficient.
 - Examples of documents to send:
 - Evidence of pregnancy (prenatal record, statement from physician, etc.)
 - Evidence infant was born alive (statement from physician or healthcare provider)
 - Evidence birth occurred in Texas (statement from healthcare provider)
 - Evidence birth occurred on date stated (medical record or prenatal record)

The Birth occurred at Least 4 but Less than 15 Years before the date of application:

- Submit at least two supporting documents* that prove:
 - Date of Birth (MM/DD/YYYY)
 - Place of Birth (City & State)
 - Registrant's name at birth
- Submit at least one document that proves parentage. The document must include name of parent(s) including mother's maiden name*
- Only one Affidavit of Birth Facts is acceptable

The Birth occurred more than 15 years before the date of application:

- Submit at least three supporting documents* that prove:
 - Date of Birth (MM/DD/YYYY)
 - Place of Birth (City & State)
 - Registrant's name at birth
- Submit at least one document that proves parentage. The document must include name of parent(s), including mother's maiden name*
- Only one Affidavit of Birth Facts is acceptable
- Documents must be at least 5 years old and at least one should be created within the first 10 years of life

*Supporting documents must be from independent sources. They must be original, certified copies or signed statements from the custodian of the record(s):

- Contradictory documents are not acceptable
- Originals obtained & submitted by registrant will be returned
- Copy of State of Texas Affidavit of Birth Facts is provided to customer if it was used as a supporting document to file the delayed birth

Suggested Supporting Documents:

Documents must be **original certified copies (no photocopies)** on official letterhead or with an original certification or seal, unless otherwise specified below. Foreign documents, including notaries, must have an apostille or legalization from the Foreign Country where the document was issued. **All supporting documents must match the information to appear on the delayed birth certificate and cannot be altered.**

Supporting Documents

1	Baptismal certificate - Must be within first 5 years of birth*
2	Hospital or Medical Records (midwife, ambulance, EMS, Fire Department)*
3	Numident printout from the Social Security Administration (SSA). Issued by the SSA, PO BOX 33022, Baltimore, MD 21290-3022. Contact SSA at 410-965-1727 for fees and more information. OR SSA Copy of Original Application. Issued by the SSA, Office of Privacy and Disclosure, Issued by the SSA, PO BOX 33022, Baltimore, MD 21290-3022. Contact SSA at 410-965-1727 for fees and more information.
4	School Census Records OR School Records OR Elementary school record - Must be signed by custodian of school records based on earliest attendance*
5	State of Texas, Affidavit of Birth Facts (only 1)
6	Armed forces discharge papers (form DD 214) OR Selective Service Records
7	Birth Certificates(s) of children
8	Original Texas Driver's License Application

*** Verification by the issuer of the document will be required.**

Reasons for Rejected or Returned Applications:

- The required number of supporting documents are not submitted, required filing fee not paid, and/or application is not actively pursued.
- Out of state or foreign birth record is located and/or more than one Affidavit of Birth Facts is submitted.
- Contradictory documents and/or birth facts are not supported by supporting documents.
- Supporting documents do not include required information to support facts of birth or parentage.
- The following supporting documents are unable to be verified within 6 months:
 - Hospital & Medical Records, School Records or School Census Records, Baptismal Records.



IMPORTANT: Photocopies, alterations, strike-through, or write-overs will not be accepted. Please use a new application if you make a mistake.

State of Texas Affidavit to Birth Facts

This affidavit is made by an older immediate family member who has knowledge of the date of birth, place of birth, and registrant's parents (the older family member must be at least ten years older than the registrant). Please print in blue or black ink only.

I, _____, declare under penalty of perjury that (Print name of individual swearing to this affidavit)**

_____ was born ___/___/___ in (birth name of registrant) mm/dd/yyyy

_____, Texas to _____ and (city and county) (mother's complete maiden name)

_____. I further declare under penalty of perjury that (father's complete name)

I am the biological _____ of the registrant. (Enter relationship: mother, father, sister, brother, grandparent, aunt, uncle, or first cousin)

My birth date is ___/___/____. mm/dd/yyyy

The penalty of knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Texas Health and Safety Code 195.003)

**Attach a copy of photo identification of the individual swearing to this affidavit.

Signature of Individual Swearing to this Affidavit
Signature: Date:
Address: City: State: Zip:
Notary Public, County Clerk, or other person authorized to administer oaths
Sworn to and subscribed before me, this ___ day of ___ 20__
Signature: Date: [Stamp or Seal]



IMPORTANT: Photocopies, alterations, strike-through, or write-overs of this completed application will not be accepted. Please use a new application if you make a mistake.

Delayed Birth Certificate Application

Type or Print (please use blue or black ink ONLY)

Remittance No. _____

Section 1: What is Your Name? (Applicant's Information)

Name (First, Middle, Last):
Address (Mailing Address, City, State, Zip):
Email Address: Telephone # (daytime)
Your relationship to Person named on the birth certificate: Parent Self
Legal guardian(s) or Managing Conservator (proof required) Legal Representative (proof required)
>>>>>>A COPY OF THE APPLICANT'S VALID PHOTO ID MUST BE ATTACHED<<<<<<<

Section 2: Delayed Birth Certificate Information

Enter information as it should appear on the delayed birth certificate.

Child's First Name (at birth): Middle Name (at birth): Last Name (at birth):
Date of Birth: Sex: Select One
Place of Birth (City or town): (County of birth): (State) TEXAS
Full Maiden Name (First, Middle, Last) of Mother: Full Maiden Name (First, Middle, Last) of Father:
Birthplace of Mother (state, territory, or foreign country): Birthplace of Father (state, territory, or foreign country):

Section 3: Biographical Questions

- 1. Do you have any siblings born in Texas? If yes, please provide name, date of birth, and city of birth:
a.
b.
c.
d.
2. Were you born in a hospital?
a. If yes, please provide name:
b. If no, please provide place of delivery and who delivered:
3. Do you have any children born in Texas? If yes, please provide name, date of birth, and city of birth:
a.
b.

Section 4: Authorization to Release Personal Information

I understand that in order for the Department of State Health Services, Vital Statistics Section to complete my or my child's application for a delayed birth certificate, it may be necessary for them to verify personal information about me or my child. I authorize any party or agency contacted to release to personnel from the Vital Statistics Section personal information about me or my child that establishes my or my child's name, date of birth, place of birth, and parentage. I release all parties involved from any liability for doing so. This authorization and consent shall be valid in an original, fax, or copy form. I understand this authorization to release is valid for a period of three years from the date of my signature.

Signature: _____

Date: _____

Printed Name: _____

Section 5: Would you like to request a birth certificate? Check one:

No, I would not like a certified copy of the birth certificate.

Yes, I would like a certified copy of the birth certificate.

Number requested: _____

Please verify fees and quantity ordered in the fee box on Page 1.

Section 6: Affidavit

Please sign below in the presence of a notary public and ATTACH a copy of your valid Photo ID. Applications without acceptable valid ID attached will not be processed. 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)/))

Cross-outs or white-outs will **VOID** your application.

WARNING: The Penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Texas Health and Safety Code, Chapter 195).

Self, Parent, or Legal Guardian >>>>ATTACH A COPY OF YOUR VALID PHOTO ID<<<<			
Printed Name:		Signature:	
Address:	City:	State:	Zip:
Notary Public, County Clerk, or other person authorized to administer oaths			
Sworn to and subscribed before me, this _____ day of _____ 20_____.		<i>[Stamp or Seal]</i>	
Signature:			
Printed name and title:			