

APPLICATION FOR BVS CERTIFICATE FOR SCHOOL ADMISSION

SEND APPLICATION TO:
TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
1100 WEST 49TH STREET
AUSTIN, TX 78756-6191
PHONE (512) 458-7111

See reverse side for instructions.

1. Full Name of Child _____
2. Date of Birth _____ 3. Sex: ☐ Male ☐ Female
 Month Day Year
4. Place of Birth _____ TEXAS
 City County State
5. Full Name of Father _____
6. Full Maiden Name of Mother _____

PLEASE BE SURE TO FULLY COMPLETE APPLICATION

WARNING: IT IS AGAINST STATE LAW TO KNOWINGLY MAKE FALSE STATEMENTS ON THIS FORM.

I, _____, the legal custodial parent, or guardian, of the child identified above, hereby make application for a certificate for school purposes and that all fees and charges be waived as set out in Section 191.0046, Health and Safety Code, 1989.

Signature of Applicant

Date

Identification Type _____
(Attach photocopy) Drivers License, ID Card, etc.

ID Number

It takes 2 weeks to process this application, please make sure you have access to the mailing address you provide below.

7. SEND CERTIFICATE TO: Name _____
 Address _____
 City, State Zip _____

If you have any questions about this form, please call the Texas Homeless Education Office at 1-800-446-3142.

**INSTRUCTIONS FOR A
BUREAU OF VITAL STATISTICS
(BVS) CERTIFICATE
FOR SCHOOL ADMISSION**

In order to receive a BVS Certificate for school admission, each item on this application must be complete. **It is very important that the information for item #6, the full maiden name of the mother is supplied.**

1. Print the complete name of the child.
2. Print the child's birthday in month/day/year order.
3. Check the appropriate box (M for male, F for female) to indicate the sex of the child.
4. Print the name of the city and the county where the child was born. The BVS certificate for school admission is only available for children born in Texas.
5. Print the name of the father.
6. Print the full maiden name of the mother. **Do not omit the full maiden name of the mother. This application cannot be processed without the full maiden name of the mother.**

The applicant must print his/her name on the line in the paragraph which follows item 6 on the form.

The applicant must sign and date the application.

The applicant must supply valid ID information. The application must print the type of ID being presented (driver's license, ID card, etc.) and print the ID number. **The applicant must attach a copy of this ID to the application.**

7. Print the name and mailing address of the person who is to receive the BVS certificate for school admission. It takes at least 2 weeks to process this application, so please make sure that you have access to the mailing address you provide.

Please send the application and the photocopy of the applicant's ID to the following address:

Texas Department of Health
Bureau of Vital Statistics
1100 West 49th Street
Austin, TX 78756-6191