

Office of Vital Records

Austin Public Health

Doc# _____

7201 Levander Loop, Bldg. C, Austin, TX 78702

SFN# _____

Phone (512) 972-4784 / Fax (512) 972-5208

www.vitalchek.com



BIRTH Certificates \$23.00 EACH

**SECURITY SIZE
(Short Form)**

For most **Texas** births
from 1926 to present.

Total #
of Copies: _____

**LONG/
BABY FORM**
For **Austin** births only.

Total #
of Copies: _____

Certified vital records can be issued to the registrant or a member of the immediate family (parents, grandparents, legal guardian, spouses, siblings or children of the registrant), or to other persons with a legal and tangible interest in the record (must be established by providing sufficient documents to establish the need).

DEATH Certificates

For **Austin** deaths only.

First Copy \$21.00

Extra copies of
death certificates \$4.00

Total # of Copies: _____

PROTECTIVE ENVELOPES \$2.00 EACH Total # Long _____ Total # Short _____

PERSON ON THE BIRTH OR DEATH CERTIFICATE

Name on Record: _____
FIRST MIDDLE LAST NAME(S)

Date of Birth: _____ Place of Birth: _____ Gender _____
OR Death: MONTH/DAY/YEAR OR Death: CITY and COUNTY M / F

Parent #1: _____
FIRST MIDDLE LAST NAME(S) PRIOR TO MARRIAGE

Parent #2: _____
FIRST MIDDLE LAST NAME(S) PRIOR TO MARRIAGE

PERSON APPLYING FOR CERTIFICATE

Your full legal name: _____ Your relationship to person named on the certificate: _____

Your current address: _____
STREET ADDRESS CITY, STATE, ZIP

Daytime phone number: _____ Email: _____

Reason for your purchase of the certificate: NEWBORN RECORDS DRIVER LICENSE/IDENTIFICATION
 PASSPORT PERSONAL RECORDS OTHER: _____

Your signature: _____

**CURRENT GOVERNMENT-ISSUED
IDENTIFICATION IS REQUIRED
ON ALL REQUESTS**

Today's date: _____

**THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN BE 2 TO 10 YEARS
IN PRISON AND A FINE OF UP TO \$10,000 (Health and Safety Code, Chapter 195, Sec 195.003)**

----- **FOR OFFICE USE ONLY** ----- REV 06/2018

Paper #(s) _____

Payment Information: _____