

Office of Vital Records

Austin/Travis Co. Health and Human Services Dept.

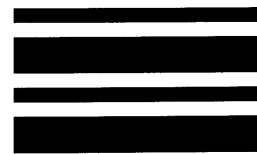
PO Box 1088, Austin, TX 78767-1088

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

www.austintexas.gov/birthcertificates

Doc# \_\_\_\_\_

State# \_\_\_\_\_



MAIL IN APPLICATION MUST BE NOTARIZED

REQUESTS MUST INCLUDE COPY OF VALID GOVERNMENT-ISSUED IDENTIFICATION (Mail completed notarized application, copy of ID, proof of residence if different from your photo identification and check or money order for exact amount to: OVR, PO Box 1088, Austin TX 78767.)

PART 1. TYPE OF RECORD BEING ORDERED

Baby/Long Form Birth Certificate Available for Austin births only. \$23.00 EACH Total # of Copies: \_\_\_\_\_

Security Size Birth Certificate Available for most Texas births from 1926. \$23.00 EACH Total # of Copies: \_\_\_\_\_

Death Certificate Available for Austin deaths only. \$21.00 + \$4.00 copies Total # of Copies: \_\_\_\_\_

PART 2. PERSON ON THE BIRTH OR DEATH RECORD

Name on Record: \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

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

Parent #1: \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST NAME (PRIOR TO MARRIAGE)

Parent #2: \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST NAME (PRIOR TO MARRIAGE)

PART 3. PERSON APPLYING FOR RECORD

Your full legal name: \_\_\_\_\_ Your relationship to person named on the record: \_\_\_\_\_

Your current address: \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for your purchase of the record: \_\_\_\_\_

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

PART 4. COMPLETED BY NOTARY PUBLIC

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_ Before me on this date appeared the above named applicant in Part 3 who on oath deposes and says the contents of this document are true and correct. The applicant presented the following type and number of identification: \_\_\_\_\_

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Notary Public and Notary ID Number: \_\_\_\_\_

Typed or Printed Name: \_\_\_\_\_

(SEAL)

Commission Expires: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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 IN PRISON AND A FINE OF UP TO \$10,000 (Health and Safety Code, Chapter 195, Sec 195.003)

FOR OFFICE USE ONLY

Paper #(s) \_\_\_\_\_

Payment: \_\_\_\_\_