

# Office of Vital Records

Austin/Travis Co. Health and Human Services Dept.  
7201 Levander Loop, Bldg. C, Austin, TX 78702  
PO Box 1088, Austin, TX 78767-1088  
Phone (512) 972-4784 / Fax (512) 972-5208  
www.vitalchek.com

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

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

## 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: \_\_\_\_\_

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

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 documentation to establish the need).

## PART 2. PERSON ON THE BIRTH OR DEATH RECORD

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

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

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

Parent #2: \_\_\_\_\_  
FIRST MIDDLE LAST (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: ☐ NEWBORN/RECORDS ☐ DRIVER LICENSE/IDENTIFICATION  
☐ PASSPORT ☐ SCHOOL/SPORTS ☐ OTHER: \_\_\_\_\_

Signature: \_\_\_\_\_ 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

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

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