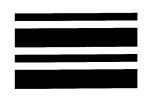
Doc#		_
State#		

Paper #(s)

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



Payment Information:

PART 1. TYP	E OF RECORD REIN	NG ORDERED					
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							
legal guardian, s	spouses, siblings or child	ren of the registrant), or to	of the immediate family (parents, gra other persons with a legal and tangi documentation to establish the need	ble interest			
PART 2. PER	SON ON THE BIRTH	H OR DEATH RECOR	D				
Name on Record:	FIRST	MIDDLE	LAST				
Date of Birth:		Place of Birth:					
OR Death: —	MONTH/DAY/YEAR	OD D 1	Gender	M / F			
Parent #1:	FIRST	MIDDLE	LACT (PRIOR TO MARR	DIA CE)			
	FIRST	MIDDLE	LAST (PRIOR TO MAR	RIAGE)			
Parent #2:	FIRST	MIDDLE	LAST (PRIOR TO MAR	RIAGE)			
PART 3. PERS	SON APPLYING FOR	R RECORD					
Your full legal name:		Your relationship to person named on the record:					
Your current addi	ress:	STREET ADDRESS	CITY, STATE, Z	IP			
Daytime phone ni	umber:	Етс	ail:				
Daytime phone number:							
Signature:			Date:				
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							