

# Office of Vital Records

PO Box 1088  
Austin, TX 78767-1088

Austin Public Health  
www.austintexas.gov/birthcertificates

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

## MAIL IN APPLICATIONS MUST BE NOTARIZED

### ORDERS MUST INCLUDE COPY OF VALID GOVERNMENT-ISSUED IDENTIFICATION

For ID requirements please visit [www.dshs.texas.gov/vs/reqproc/Acceptable-IDs/](http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs/)

(Mail completed notarized application, copy of ID, proof of residence if different from your photo ID and personal check in your name or money order for exact amount to: OVR, PO Box 1088, Austin TX 78767.)

### PART 1. TYPE OF CERTIFICATE BEING ORDERED

Baby/Long Form Birth Certificate.....**ONLY** for **Austin** births.....\$23.00 **EACH** ..... Total # : \_\_\_\_\_

Security/Abstract Birth Certificate....For **MOST** **Texas** births.....\$23.00 **EACH**..... Total # : \_\_\_\_\_

Death Certificate.....**ONLY** for **Austin** deaths.....\$21.00 + \$4.00 copies..... Total # : \_\_\_\_\_

### PART 2. PERSON ON THE BIRTH or DEATH CERTIFICATE

Name on Certificate: \_\_\_\_\_  
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 NAME (PRIOR TO MARRIAGE)

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

### PART 3. PERSON APPLYING FOR CERTIFICATE

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

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

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for purchasing certificate: \_\_\_\_\_

Your signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

### PART 4. COMPLETED BY NOTARY PUBLIC ONLY IF MAILING IN APPLICATION

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.

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 -----

REV 09/2020

Paper #(s) \_\_\_\_\_ Payment: \_\_\_\_\_