

# Office of Vital Records

Austin Public Health

7201 Levander Loop, Bldg C • Austin, TX 78702

Phone (512) 972-4784 • www.vitalchek.com • Fax (512) 972-5208

## Valid Government-Issued Identification required with all applications\*

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

### 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 additional copies.... Total # : \_\_\_\_\_

Protective Poly Envelope.....**\$2.00 EACH**.....Total # Long \_\_\_\_\_ Total # Short \_\_\_\_\_

### 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

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).

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

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

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

Reason for purchase of the certificate:  NEWBORN RECORDS  PERSONAL RECORDS  PASSPORT  
 DRIVER LICENSE / ID  INSURANCE / BENEFITS  APOSTILLE  OTHER: \_\_\_\_\_

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

**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 11/2019**

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

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