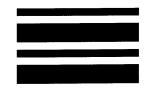
Doc#_		_
State#		_

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
(512) 972-4784 / Fax (512) 972-5208
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Name on Record:	Date of Birth or Death: / /			
First Name:	or Death:			
Middle Name:	Location of Birth or Death:			
Last Name:	City/County			
	Gender (SELECT ONE): □ MALE □ FEMALE			
Father's Full Name:				
Mother's Full Maiden Name:				
INFORMATION ON PERSON APPLYING FOR RECORD				
CURRENT GOVERNMENT IDENTIFICATION & RESI	DENCY PROOF REQUIRED			
Name:	RELATIONSHIP (CHECK ONE):			
First Name:	Self:			
Last Name:	Mother/Father:			
	Spouse:			
Street Address:	Daughter/Son:			
City:	Sister/Brother:			
State:	Grandmother:			
Zip:	Grandfather:			
	Guardian/Attorney:			
Telephone Number:	REASON FOR PURCHASE (CHECK ONE):			
And Provide Company	Identification:			
Applicant Signature:	School:			
Date:	Employment:			
Form of Identification:	Immigration:			
Identification Number: Exp. Date:	Passport:			
MAIL REQUESTS: Include photocopy of current	Social Security:			
government identification.	Other:			
FOR OFFICE USE ONLY				
Second Signature: Rela	Relationship:			
Form of ID: ID#				
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