

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# _____

BIRTH RECORDS \$23.00 Each

SECURITY SIZE
(Recommended for daily use. Available for most Texas births from 1926 to present.)

Total # of Copies: _____

**LONG/
BABY FORM**
(Available for Austin births only.)

Total # of Copies: _____

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).

DEATH RECORDS

(Available for Austin deaths only.)

First Copy \$21.00

Each Additional Copy \$4.00

Total # of Copies: _____

PERSON ON THE BIRTH OR DEATH RECORD

Name on Record: _____
FIRST MIDDLE LAST SUFFIX

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

Father's name: _____
FIRST MIDDLE LAST SUFFIX

Mother's name: _____
FIRST MIDDLE LAST (MAIDEN)

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 the purchase of the record: _____

MAIL REQUESTS MUST INCLUDE:

*** NOTARIZED COPY OF CURRENT
GOVERNMENT-ISSUED
IDENTIFICATION**

Your signature: _____

*** PROOF OF RESIDENCE**

Today's 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: _____