

# 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# \_\_\_\_\_

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## **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 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:**

- \* **COPY OF CURRENT GOVERNMENT-ISSUED IDENTIFICATION**
- \* **NOTARIZED STATEMENT (SEE PAGE 2)**
- \* **PROOF OF RESIDENCE**

Your signature: \_\_\_\_\_

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: \_\_\_\_\_

**NOTARIZED PROOF OF IDENTIFICATION  
REQUIRED FOR MAIL-IN ORDERS ONLY**

<b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b>	
FULL NAME OF PERSON ON RECORD	DATE OF BIRTH/DEATH
PLACE OF BIRTH/DEATH (City or County)	SEX
FULL NAME OF PARENT 1	FULL NAME OF PARENT 2

<b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

**AFFIDAVIT OF PERSONAL KNOWLEDGE**

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>
STATE OF _____
COUNTY OF _____
Before me on this day appeared _____ <small>(Name)</small>
_____ <small>(Address)</small> _____ <small>(City)</small> _____ <small>(State)</small>
who is related to _____ <small>(Relationship)</small>
I, the undersigned, do hereby certify that the contents of this affidavit are true and correct.
Signature _____
Sworn to and subscribed before me, this _____ day of _____, 20_____.

*(Seal)*

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State and 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 IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)**

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

**Office of Vital Records  
P.O. Box 1088 - Austin, TX 78767  
(For UPS, FedEx, etc. ship to: 7201 Levander Loop, Bldg. C - Austin, TX 78702**

**(MAIL APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)**