

Office of Vital Records

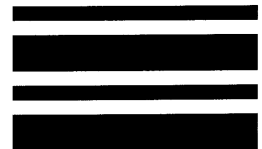
Austin Public Health

PO Box 1088, Austin, TX 78767-1088
Phone (512) 972-4784 / Fax (512) 972-5208

www.austintexas.gov/birthcertificates

Doc#

State#



--- MAIL-IN APPLICATION -- MUST BE NOTARIZED ---

ORDERS MUST INCLUDE COPY OF VALID GOVERNMENT-ISSUED IDENTIFICATION
(Mail completed notarized application, copy of ID, proof of residence if different from your photo
identification and check 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 # of Copies:
Security Size Birth Certificate For MOST Texas births \$23.00 EACH Total # of Copies:
Death Certificate ONLY for Austin deaths \$21.00 + \$4.00 copies Total # of Copies:

PART 2. PERSON ON THE BIRTH OR DEATH CERTIFICATE

Name on Record: FIRST MIDDLE LAST
Date of Birth: OR Death: MONTH/DAY/YEAR Place of Birth: CITY and COUNTY Gender 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 named on the record:
Your current address: STREET ADDRESS CITY, STATE, ZIP
Daytime phone number: Email:
Reason for your purchase of the record:
Signature: Date signed:

PART 4. COMPLETED BY NOTARY PUBLIC

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. The applicant presented
the following type and number of identification:
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 01/2018

Paper #(s) Payment: