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
www.vitalchek.com

FEES

BIRTH RECORDS	$23.00 Each	# of Copies
Standard Security Size (Recommended for daily use)		_____
Security Wallet Size (Not accepted for passports)		_____
Baby/Long Certificate (Available for Austin Births Only)		_____

DEATH RECORDS
(Available for Austin Deaths Only)
First Copy $21.00 _____
Additional Copies $4.00 _____

INFORMATION ON THE BIRTH OR DEATH RECORD

Name on Record:
First Name: _____
Middle Name: _____
Last Name: _____

Date of Birth or Death: _____ / _____ / _____ (Month / Day / Year)

Location of Birth or Death: _____ 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 & RESIDENCY PROOF REQUIRED

Name:
First Name: _____
Last Name: _____

Street Address: _____
City: _____
State: _____
Zip: _____

Telephone Number: _____

Applicant Signature: _____
Date: _____

Form of Identification: _____
Identification Number: _____
Expiration Date: _____

RELATIONSHIP (CHECK ONE):
Self: ☐
Mother/Father: ☐
Spouse: ☐
Daughter/Son: ☐
Sister/Brother: ☐
Grandmother: ☐
Grandfather: ☐
Guardian/Attorney: ☐

REASON FOR PURCHASE (CHECK ONE):
Identification: ☐
School: ☐
Employment: ☐
Immigration: ☐
Passport: ☐
Social Security: ☐
Other: _____

FOR OFFICE USE ONLY

Second Signature: _____ Relationship: _____
Form of ID: _____ ID# _____ Exp. Date _____

Paper#: _____ Payment Info: _____

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 $5,000 (Article 4477c Revised Civil Statutes of Texas)