

7201 Levander Loop, Bldg C • Austin, TX 78702

Phone (512) 972-4784 • www.vitalchek.com • Fax (512) 972-5208

Valid Government-Issued Identification required with all applications*

*For ID requirements please visit www.dshs.texas.gov/vs/reqproc/Acceptable-IDs/

PART 1. PERSON APPLYING FOR CERTIFICATE

Certified vital records can be issued to the registrant or a member of the immediate family, or to other persons with a legal and tangible interest in the record (must be established by providing sufficient documents to establish the need).

Your full legal name: _____

Your current address: _____
STREET ADDRESS CITY, STATE, ZIP

Phone number: _____ Email: _____

Your **RELATIONSHIP** to person on the certificate: MYSELF PARENT GRANDPARENT SON/DAUGHTER
 BROTHER/SISTER SPOUSE LEGAL GUARDIAN OTHER: _____

REASON for purchase of the certificate: NEWBORN RECORDS PERSONAL RECORDS PASSPORT
 DRIVER LICENSE / ID INSURANCE / BENEFITS APOSTILLE OTHER: _____

PART 2. INFORMATION ON THE BIRTH or DEATH CERTIFICATE

Full name: _____ Gender: MALE FEMALE
FIRST MIDDLE LAST

Parent #1: _____
FIRST MIDDLE LAST NAME (PRIOR TO MARRIAGE)

Parent #2: _____
FIRST MIDDLE LAST NAME (PRIOR TO MARRIAGE)

BIRTH CERTIFICATES \$23 EACH

Date of birth: _____
(MONTH/DAY/YEAR)

Place of birth: _____ Texas
(CITY) (COUNTY)

LONG FORM available **ONLY** for **AUSTIN** births

SHORT FORM available for **MOST TEXAS** births

Total number of certificates : _____ LONG _____ SHORT

OR

DEATH CERTIFICATES \$21 plus \$4 for additional certified copies when ordered at the same time

Date of death: _____
(MONTH/DAY/YEAR)

Place of death: AUSTIN, TEXAS

Total number of certificates : _____

Protective Envelope \$2.00 EACH Total long envelope: _____ Total short envelope: _____

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)

Your Signature: _____ **Date signed:** _____

----- STOP -- FOR OFFICE USE ONLY ----- REV 01/2024

Paper #(s) _____

Payment Information: _____
