

MAIL IN REQUESTS

ABILENE-TAYLOR COUNTY PUBLIC HEALTH DISTRICT

Vital Statistics Office
850 N 6TH ST
Abilene, TX 79601
(325) 692-5600

DEATH CERTIFICATE REQUEST FORM

INFORMATION OF PERSON ON DEATH CERTIFICATE (PLEASE PRINT CLEARLY)

FULL NAME OF PERSON ON RECORD

DATE OF DEATH

SEX

CITY OF DEATH

COUNTY OF DEATH

BIRTH NAME OF PARENT 1

FIRST

MIDDLE

MAIDEN/LAST NAME

BIRTH NAME OF PARENT 2

FIRST

MIDDLE

MAIDEN/LAST NAME

APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

Applicant Name

Telephone #

Full Mailing Address

City

State

Zip

Relationship to person on record (TAC 181)

Purpose for obtaining this record (TAC 181)

**IF YOU ARE NOT INFORMANT ON RECORD OR PARENT LISTED, YOU WILL BE REQUIRED TO PROVIDE
PROOF OF RELATION OR LEGAL OBLIGATION**

A VALID PHOTO I.D. MUST BE SUBMITTED WITH APPLICATION (per TAC 181)

Applicant Signature _____ Date _____

Warning: The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine of up to \$10,000.
(HSC 195.003)

Applications without a signature will not be accepted.

When a record is not found, the search fee of \$12.00 is not refundable or transferable

OFFICE USE ONLY

Number of records Total _____ \$21 + _____ X \$4 = \$ _____ Receipt # _____

Mail Record Will pick up Record

Date Completed _____ File # _____

Completed By _____ Certificate # _____

NOTARIZED IDENTITY VERIFICATION

APPLICANT INFORMATION:

PRINT NAME: _____

(First, Middle, Last)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

I hereby represent that all above information is true and accurate.

Signature: _____

(Sign in the presence of a Notary)

NOTARY INFORMATION:

State of _____

County of _____

I hereby certify that on this ____ day of _____, 20____,

Personally appeared before me the signer and subject of the above form, who signed or attested to the same in my presence, and presented the following form of identification as proof of his or her identity, a copy of which is included:

Driver's License or Govt. Identification Card

U.S. Passport

U.S. Military ID Card

State Identification Card

U.S. Current Student picture ID

U.S. Government Employment Badge or Card

Private Company Employment Badge or Card

Prisoner ID/Offender Card

Permanent Resident Card

U.S. Citizenship Certificate or Certificate of Naturalization

U.S. Department of Homeland Employment Authorization

Pilot's License

Concealed Handgun License

Notary Public (Print Name) : _____

(Notary Seal)

Notary Public Signature: _____

My Commission Expires: _____

INSTRUCTIONS

Certificates are filed for all those occurring within the city limits of Abilene and JP Precinct One. Certified copies of these records may be obtained in person or by mail by qualified applicants only.

The following persons may apply:

The **informant** on the vital record, the deceased's **immediate family members** (by either blood, marriage, or adoption), or his/her **legal agent/representative (with legal proof)** can request a certified copy of that vital record.

An **immediate family member** is defined as any of the following:

- Child (with proof of relation)
- Parent (as listed on death certificate)
- Brother/Sister (with proof of relation)
- Grandparent (with proof of relation)
- Spouse (with copy of marriage license)

All other applicants must provide legal documentation (such as a court order establishing guardianship, an insurance policy listing the applicant as the beneficiary, etc.) that documents a direct, tangible interest in the death certificate.

For full details, see [Section 181.1\(21\) of the Texas Administrative Code](#).

To order by mail:

Print, fill out and submit a [Death Certificate Request Form](#) to:

1. Abilene-Taylor County Public Health District
Vital Statistics Section
P.O. Box 60
Abilene, Texas 79604
2. Enclose a photocopy of the applicant's driver's license or valid picture ID with Notary Verification.
3. The cost for a Death Certificate is \$21.00 for one copy and \$4.00 for each additional copy, per name, per request. Payment in the form of a check or money order made payable to the Abilene-Taylor County Public Health District. Payment in the form of a check or money order made payable to the City of Abilene. We do not accept temporary checks or 2 party checks. All checks must have printed on them name, current address, check number, valid phone number, and valid driver's license/state issued ID number. Checks must be signed by the person whose name is printed on the check and must be for the exact amount.
4. **Forms submitted without payment in full or without signature will not be processed.**
5. The certificate(s) will be mailed back to you the next business day after the request has been received.