

NOTARIZED IDENTITY VERIFICATION

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)

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: _____

(Notary Seal)

(Print Name)

My Commission Expires: _____

Notary Public Signature: _____

INSTRUCTIONS

Our Vital Statistics department files all birth records for those occurring within the city limits of Abilene with some exceptions. Certified copies of these records may be obtained in person or by mail from the Abilene-Taylor County Public Health District. Only qualified applicants will be allowed to purchase a birth certificate.

The following persons may apply:

- Individual requesting his/her own birth certificate
- Parent or guardian of the individual named on the certificate (A foster care appointment is not acceptable. Proof of guardianship must be submitted.)
- Immediate family member. Proof of relation is required.

To order by mail:

Print, fill out and submit a [Birth 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. Payment in the form of a check or money order made payable to the Abilene-Taylor County Public Health District. The cost for a Birth Certificate is \$23.00 each, per name, per request.
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.

MAIL IN REQUESTS

ABILENE-TAYLOR COUNTY PUBLIC HEALTH DISTRICT

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

TEXAS BIRTH CERTIFICATE REQUEST FORM

INFORMATION OF PERSON ON BIRTH CERTIFICATE (PLEASE PRINT CLEARLY)

FULL NAME OF PERSON ON RECORD

DATE OF BIRTH

SEX

CITY OF BIRTH

COUNTY OF BIRTH

BIRTH NAME OF PARENT 1

FIRST

MIDDLE

MAIDEN NAME

BIRTH NAME OF PARENT 2

FIRST

MIDDLE

MAIDEN 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 PERSON 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 _____ \$23 x _____ = \$ _____ Receipt # _____

Mail Record Will pick up Record

Date Completed _____ File # _____

Completed By _____ Certificate # _____