

WALK 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 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 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 _____ \$21+ \$4 X _____ = \$ _____ Receipt # _____

Mail Record Will pick up Record Waiting

Date Completed _____ File # _____

Completed By _____ Certificate # _____