



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

Remittance #: \_\_\_\_\_

Initials: \_\_\_\_\_

## DESIGNATION TO OBTAIN A VITAL RECORD

The person named on record or his or her immediate family member, who is entitled to receive a vital record, may use this form along with a properly completed application for vital record, to designate another person to apply on their behalf. Per Texas Administrative Code 181.1, the person designated will become a properly qualified applicant to receive a vital record.

**IN ORDER TO DESIGNATE ANOTHER PERSON, THE PERSON NAMED ON RECORD OR HIS/HER IMMEDIATE FAMILY MEMBER MUST COMPLETE ALL SECTIONS BELOW AND ATTACH A PHOTOCOPY OF THEIR VALID ID. A PHOTOCOPY OF THE VAILID ID OF THE DESIGNATED PERSON MUST ALSO BE ATTACHED.**

**FORM MUST BE ORIGINAL (INCLUDING SIGNATURE). NO CROSS OUT OR WHITE OUT WILL BE ACCEPTED.**

### Step 1: YOUR INFORMATION (PLEASE PRINT)

Your Name (First, Middle, Last Name):	Email Address:	Daytime Phone Number:
I request that DSHS Vital Statistics in Austin, Texas allow <u>Antonio Dominguez</u> to obtain a certified copy of the birth/death record on my behalf. <small>(name of designated person)</small>		
<b>Your relationship to Person named on Certificate (Check One):</b>		
<input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian (proof required) <input type="checkbox"/> Other: _____		

### Step 2: INFORMATION FOR PERSON NAMED ON RECORD (Must be completed to Identify Record Requested)

FULL NAME ON RECORD:	First Name	Middle Name	Last Name
DATE OF EVENT:	Month	Day	Year
PLACE OF EVENT:	City or Town	County	<b>TEXAS ONLY</b>
FULL NAME OF PARENT 1:	First Name	Middle Name	Maiden Last Name (Before first marriage)
FULL NAME OF PARENT 2:	First Name	Middle Name	Maiden Last Name (Before first marriage)

### Step 3: AFFIDAVIT (NOTARY SECTION)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ (Date) By \_\_\_\_\_ (Printed Name of applicant acknowledging)

\_\_\_\_\_  
(Applicant's Signature)

(Personalized Seal)

\_\_\_\_\_  
(Notary Public's Signature)

**WARNING:** IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003.)