

# State Vital Records

## AUTHORIZATION FORM

I (printed name) \_\_\_\_\_  
request that Vital Statistics Unit in Austin, Texas allow Erika Sanchez, Alonzo Diaz, or Samantha Marks  
(Authorized Agents) to request a certified copy of a vital record on my behalf.

My relationship to the person on the certificate is: \_\_\_\_\_

Name of person on certificate being requested: \_\_\_\_\_

Date of event for the individual on record: \_\_\_\_\_

Place of event (City and/or County): \_\_\_\_\_

Full Name Parent 1: \_\_\_\_\_  
(First) (Middle) (Maiden/Last)

Full Name Parent 2: \_\_\_\_\_  
(First) (Middle) (Maiden/Last)

This signature takes place in the State of: \_\_\_\_\_ and County of: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Ink Stamp (Seal) – Must be Ink**

\_\_\_\_\_  
**Signature of Notary Public**

\_\_\_\_\_  
Commission Expires

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A  
FASLE STATEMENT ON THIS FORM OR FOR 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)  
TXAF V1216