

# **\*\*NOTICE\*\***

Travis County Clerk's Office only contains a record of BIRTHS/DEATHS that occurred in Travis County from **1903-1956**

If the record you are requesting does not fit in this year range, please contact one of the following Departments:

**City of Austin's Office of Vital Records:**  
512-972-4784  
Email: [ovr@austintexas.gov](mailto:ovr@austintexas.gov)  
Website: [austintexas.gov/department/birth-and-death-certificates](http://austintexas.gov/department/birth-and-death-certificates)  
7201 Levander Loop Bldg. C Austin, TX 78702

**Texas Dept of State Health Services:**  
888-963-7111  
Email: [registrar@dshs.texas.gov](mailto:registrar@dshs.texas.gov)  
Website: [dshs.texas.gov/vital-statistics-data/request-procedures](http://dshs.texas.gov/vital-statistics-data/request-procedures)  
1100 W. 49th St Austin, TX 78756



**Dyana Limon-Mercado** *Travis County Clerk*

Phone: (512) 854-9188  
www.traviscountyclerk.org  
Mailing Address: P.O. Box 149325, Austin, Texas 78714-9325

Recording, Elections, Computer Resources, Accounting, and Administration Divisions  
Misdemeanor Records, Civil Records, and Records Management Divisions  
Probate/Mental Health Records and Commissioners Court Minutes Divisions

5501 Airport Boulevard, Austin, Texas 78751  
1000 Guadalupe, Austin, Texas 78701  
200 W. 8<sup>th</sup> St., Austin, Texas 78701

**Application for a Certified Copy of Death Certificate**  
**Please Print**

Information of the Deceased Party:

**Full Name of Person:** \_\_\_\_\_

**Date of Death:** \_\_\_\_\_ **City of Death:** \_\_\_\_\_ **Gender:**  M  F  Other

**Full Name of Father:** \_\_\_\_\_

**Full Name of Mother:** \_\_\_\_\_

**Number of copies:** \_\_\_\_\_ (Fee is \$20 and \$3 for additional copies of the same Death Certificate)

Applicant/Requestor Information:

**Purpose for which copy of Death Certificate to be used: (School, Military, Passport, etc.)**

\_\_\_\_\_

**Relationship to the Decedent: (Child, Parent, Guardian, and Attorney)** All other applicants must provide legal documentation. See Section 181.1 (21) of the Texas Administrative Code for full details. \_\_\_\_\_

**Full Name of Applicant:** \_\_\_\_\_

**Address of Applicant:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

Mail this application and check to: Travis County Clerk P.O. Box 149325 Austin, TX 78714-9325