



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):

I request that DSHS Vital Statistics in Austin, Texas allow Susan Dominguez of RSVPassports to obtain a certified copy of the birth/death record on my behalf.
(name of designated person)

Your relationship to Person named on Certificate (Check One): ☐ Self ☐ Child ☐ Spouse ☐ Parent ☐ Sibling
☐ Grandparent ☐ Legal Guardian (proof required) ☐ 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
SEX:			
PLACE OF EVENT:	City or Town	County	TEXAS ONLY
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.)



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

Step 1: YOUR INFORMATON (PLEASE PRINT)

Your Name (First, Middle, Last Name):

I request that DSHS Vital Statistics in Austin, Texas allow Antonio or Tony Dominguez of RSVPpassports to obtain a certified copy of the birth/death record on my behalf.
(name of designated person)

Your relationship to Person named on Certificate (Check One): ☐ Self ☐ Child ☐ Spouse ☐ Parent ☐ Sibling
☐ Grandparent ☐ Legal Guardian (proof required) ☐ Other:

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