



**ABILENE-TAYLOR COUNTY PUBLIC HEALTH DISTRICT**  
Vital Statistics Office  
850 N. 6th  
Abilene, TX 79601  
(325) 692-5600

**ABILENE DEATH  
CERTIFICATE  
REQUEST  
FORM**

**INFORMATION ON DEATH RECORD**

*Please print legibly.*

Full Name \_\_\_\_\_

Date of Death \_\_\_\_\_ Gender  Male  Female

City of Death \_\_\_\_\_ County of Death \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Mother's Full Birth Name \_\_\_\_\_

**APPLICANT INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Purpose for Record \_\_\_\_\_

Relationship to Person on Record: *(Per TAC 181)*

Spouse  Father  Mother  Sibling

Child  Grandparent  Legal Representative with Proof \_\_\_\_\_

*\*supporting documents MUST be presented*

**A PHOTO I.D. MUST BE PRESENTED WITH THIS APPLICATION *(Per TAC 181)***

**\*When a record is not found, the search fee of \$10 is not refundable or transferable\***

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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)*

**TO BE COMPLETED BY HEALTH DISTRICT STAFF**

Number of records \_\_\_\_\_ \$21 + \_\_\_\_\_ x \$4 = \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Search Fee Only

Mail Record  Will pick up Record

Date Completed \_\_\_\_\_ File # \_\_\_\_\_

Completed By \_\_\_\_\_ Certificate # \_\_\_\_\_



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**SOLICITUD DE  
CERTIFICADO  
DE DEFUNCIÓN**

**INFORMACIÓN SOBRE CERTIFICADO DE DEFUNCIÓN**

*Por favor, imprima de forma legible.*

Nombre Completo \_\_\_\_\_

Fecha de Fallecimiento \_\_\_\_\_ Genero  Hombre  Mujer

Ciudad de Fallecimiento \_\_\_\_\_ Condado de Fallecimiento \_\_\_\_\_

Nombre Completo del Padre \_\_\_\_\_

Nombre Completo de Soltera de la madre \_\_\_\_\_

**INFORMACIÓN DEL SOLICITANTE**

Nombre del Solicitante \_\_\_\_\_ Fecha de nacimiento \_\_\_\_\_

Dirección \_\_\_\_\_

Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Código Postal \_\_\_\_\_

Teléfono \_\_\_\_\_ Razón para obtener el certificado \_\_\_\_\_

Relación a la persona en el registro: *(per TAC 181)*

Espos/a  Padre  Madre  Representante legal con la prueba \_\_\_\_\_  
 Abuelos  Hijo/a  Hermano/a

**UNA IDENTIFICACION CON FOTO DEBE SER PRESENTADA CON LA SOLICITUD** *(per TAC 181)*

*\*Cuando un registro no se encuentra, la búsqueda de \$10 dolares no es reembolsable ni transferible\**

Firma del Solicitante \_\_\_\_\_ Fecha \_\_\_\_\_

La pena por hacer una declaracion falsa en esta forma puede ser de dos hasta diez años de prisión y una multa de hasta \$10,000.

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# ***INSTRUCTIONS***

Certificates are filed for all those occurring within the city limits of Abilene and JP Precinct One. Certified copies of these records may be obtained in person or by mail by qualified applicants only.

## **The following persons may apply:**

- Immediate family (spouse, parent, grandparents, sister, brother, child)
- Authorized representative of a surviving relative of the deceased (Estate's executor or attorney)
- Funeral director who was in charge of the final disposition of the body of the deceased
- An individual who has a proven legal need
- Court of law

## **To order in person:**

1. Print, fill out and deliver a [Death Certificate Request Form](#) or come to the Abilene-Taylor County Public Health District, 850 N. 6th Street, Abilene, Texas and complete a form.
2. Payment in the form of cash, check or money order made payable to the Abilene-Taylor County Public Health District.
3. The cost for a Death Certificate is \$21.00 for one copy and \$4.00 for each additional copy, per name, per request.
4. The certificates will be ready for pick up the following business day.

## **To order by mail:**

Print, fill out and submit a [Death Certificate Request Form](#) to:

1. Abilene-Taylor County Public Health District  
Vital Statistics Section  
P.O. Box 2818  
Abilene, Texas 79604-2818
2. Enclose a photocopy of the applicant's driver's license or valid picture ID.
3. Payment in the form of a check or money order made payable to the Abilene-Taylor County Public Health District. The cost for a Death Certificate is \$21.00 for one copy and \$4.00 for each additional copy, per name, per request.
4. **Forms submitted without payment in full will not be processed.**
5. The certificate(s) will be mailed back to you the next business day after the request has been received.