



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

**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:

- Spouse Father Mother Sibling
 Child Grandparent Grandchild Other _____

A PHOTO I.D. MUST BE PRESENTED WHEN RETRIEVING A CERTIFICATE

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.
(Health and Safety Code, Chapter 195, Section 195.003)

TO BE COMPLETED BY HEALTH DISTRICT STAFF

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

Mail Record Will pick up Record

Date Completed _____ File # _____

Completed By _____ Certificate # _____

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.