

**VITAL STATISTICS  
TEXAS DEPARTMENT OF STATE HEALTH SERVICES**

**AUTHORIZATION FORM**

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

I request that Vital Statistics Unit in Austin, Texas allow Franklin D Hamilton Jr.  
to obtain a certified copy of the birth/death certificate on my behalf.

My relationship to the **person on the certificate is:** \_\_\_\_\_  
(spouse, mother, father, son, daughter, sibling, grandparent or legal representative of person on record).

**The information on the (birth/death) certificate being requested:**

Name: \_\_\_\_\_

Date of event: \_\_\_\_\_

Place of event: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

**Must include a copy of Qualified Applicants valid ID with notarized form.**

Signature of Qualified Applicant: \_\_\_\_\_

Subscribed and sworn before me on this the \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_.

**SEAL**

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

***Please note: If the request is for legal reasons, please provide the legal documents that provide you the tangible interest/reason for obtaining the certificate, such as co-owner of business, executor or beneficiary of an estate, etc. Genealogy is not a legal reason to obtain a certificate. Death certificates are restricted for 25 years, and birth certificates are restricted for 75 years.***

**WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT, THE PENALTY FOR KNOWINGLY MAKING A FALSE 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)**