

State Vital Records**AUTHORIZATION FORM**

I (printed name) Edwina Coleman
request that Vital Statistics Unit in Austin, Texas allow Erika Sanchez, Alonzo Diaz, or Samantha Marks
(Authorized Agents) to request a certified copy of a vital record on my behalf.

My relationship to the person on the certificate is: Mother

Name of person on certificate being requested: DeMarco Keith Blanton Jr

Date of event for the individual on record: 11-26-1999

Place of event (City and/or County): Dallas, Dallas County

Full Name Parent 1: Edwina Ester Coleman
(First) (Middle) (Maiden/Last)

Full Name Parent 2: DeMarco Keith Blanton Sr
(First) (Middle) (Maiden/Last)

This signature takes place in the State of: _____ and County of: _____

Signature: _____ Date: _____

Ink Stamp (Seal) – Must be Ink

Signature of Notary Public

Commission Expires

Printed Name

Address

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A
FASLE 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)
TXAF V1216