





Office of John F. Warren County Clerk
 Dallas County, Texas
www.DallasCounty.org

Renaissance Tower
 1201 Elm St., Ste. 2100A
 Dallas, TX 75270
 (214) 653 - 7099

Birth/Death Certificate Information

Short Form Abstract Birth Certificate 	This format satisfies most purposes, including registering a child for school or sports and obtaining a driver license in most states. The Abstract format of the Birth Certificate is available for all Texas Birth regardless of County. This certificate MAY NOT be accepted by the U.S. Passport Office as a valid birth certificate.	Long Form Birth Certificate 	Used most often to obtain a passport. It's also typically required for purposes of dual citizenship and immigration. This format is not available for the City of Dallas.
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Qualified Applicants					
• Self	• Parent	• Spouse	• Grandparent	• Sibling	• Child
• Legal Guardian (Must provide certified copy of legal documentation)					
• Third Party: Notarized letter & copy of valid ID from immediate family member to release Birth/Death document					
• More information can be found online @ www.DallasCounty.org					

Long Form Birth Certificates & Death Certificates AVAILABLE for the following DALLAS COUNTY CITIES				
Addison	Coppell	Glenn Heights	Lancaster	Sachse
Balch Springs	Desoto	Grand Prairie (96 to Present)	Las Colinas	Seagoville
Carrollton (96 to Present)	Duncanville	Highland Park	Mesquite	Sunnyvale
Cedar Hill	Farmers Branch	Hutchins	Richardson (96 to Present)	University Park
Cockrell Hill	Garland	Irving	Rowlett	Wilmer/Wylie

If City of Dallas (April 1983 to Present) Bureau of Vital Statistics 1515 Young St. Dallas, TX 75201 Mon-Fri 8:30am-4:30pm (214) 670-3248 www.DallasVitalStatistics.com	Long Forms Birth & Death Certificates NOT AVAILABLE for the City of Dallas or other counties (see sides for contact information).		Order all Texas Records (1903 to Present) Austin Vitals Statistics 1100 W. 49th St. Austin, TX 78756 Mon-Fri 8am - 5pm 1 - (888) 963 - 7111 www.Texas.gov
	Baylor Dallas Medical Center	Methodist Medical Center	
	Charlton Methodist Hospital	Parkland Memorial Hospital	
	Children's Medical Hospital	Presbyterian of Dallas	
	Dallas Veterans Affairs Medical	Renaissance Hospital Dallas	
	Doctors Hospital	St. Paul Medical Center	
	Lakepoint Hospital (Rowlett County)	Medical City Dallas	
Trinity Medical (None Before-1996)	UT Southwestern		

ROUTINE SERVICE	EXPEDITE SERVICE
We are processing routine applications in approximately 2-3 weeks from the time application is submitted to us by mail.	Mail your request by Overnight Mail Service and with enclosed paid Overnight Mail Envelope to expedite your request. May be mailed by FEDEX, UPS, or USPS Express mail. 2-5 business day service.

Mail the following Items	Mailing Address
<input type="checkbox"/> Form Completed and Signed <input type="checkbox"/> Notarized Copy of ID <input type="checkbox"/> Money Order Payable to: <u>Dallas County Clerk</u> (Printed no more than 60 days) <input type="checkbox"/> Optional: Self Addressed Pre-postage Envelope (Certified, Priority, Express, Etc.)	Dallas County Clerk's Office ATTN: Birth/Death Certificate 1201 Elm St., Ste. 2100A Dallas, TX 75270

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON

BIRTH/DEATH 7 9 F H 7 5 H 9	
FULL NAME OF PERSON ON RECORD	DATE OF BIRTH/DEATH
PLACE OF BIRTH/DEATH (City or County)	SEX
FULL NAME OF PARENT 1	FULL NAME OF PARENT 2

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.

NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

STATE OF _____

COUNTY OF _____

Before me on this day appeared _____
(Name)

_____ (Address) _____ (City) _____ (State)

who is related to _____
(Relationship)

I, the undersigned, do hereby certify that the contents of this affidavit are true and correct.

Signature _____

Sworn to and subscribed before me, this _____ day of _____, 20 _____.

(Seal)

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State and Zip

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)

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:
 Dallas County Clerk
 1201 Elm St., Ste. 2100A
 Dallas, TX 75270

(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)



Office of John F. Warren County Clerk

Dallas County, Texas
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Application for Certified Copy Birth or Death Certificate

Birth Certificate	
	Short Form (Abstract) Available for all Texas births \$23.03 each
	Long Form Dallas County Suburbs Only Not available for City of Dallas \$23.03 each

Death Certificate	
	Death Certificate Dallas County Suburbs Only \$21 1 st copy Additional Copies are \$4 Of Death Certificate Not available for City of Dallas \$4 eac

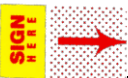
Cash, Money Order, or Debit/Credit Accepted (\$3.95 convenience fee applies for card payments).
For any search of the files where a record is not found, the searching fee is not refundable or transferable.

BIRTH/DEATH RECORD INFORMATION (Information de certificado)

① Name on Record: (Nombre)							
	First name/Primer nombre		Middle/Segundo nombre		Last Name/Apellido		
② Date of Birth: (Fecha nacimiento)	Month/Mes	Day/Día	Year/Año	③ Date of Death: (Desfuncion)	Month/Mes	Day/Día	Year/Año
					TEXAS ONLY		
④ Place of Birth/Death: (Lugar nacimiento)	City / Ciudad de nacimiento		County/Condado de nacimiento		State/Estado de nacimiento		
	*View list on back for availability		No Long Form Birth Certificates for the City of Dallas (Only Abstract) No Death Certificates are available for Deaths that occurred in the City of Dallas (No ofrecemos forma larga y actas desfuncion para la Ciudad de Dallas)				
⑥ Parent 1: [] Mother [] Father [] Madre [] Padre	First/Primer nombre		Middle/Segundo nombre		Maiden or Last Name/Apellido Anterior		
	First/Primer nombre		Middle/Segundo nombre		Maiden or Last Name/Apellido		

YOUR INFORMATION (Information de solicitante)

Relation to ①:	<input type="checkbox"/> Self	<input type="checkbox"/> Father	<input type="checkbox"/> Spouse	<input type="checkbox"/> Legal Guardian	Purpose for request:	<input type="checkbox"/> Passport	<input type="checkbox"/> Records	<input type="checkbox"/> School
	<input type="checkbox"/> Mother	<input type="checkbox"/> Sibling	<input type="checkbox"/> Child	<input type="checkbox"/> Grandparent		<input type="checkbox"/> Driver License	<input type="checkbox"/> Housing	<input type="checkbox"/> Travel
Your Name: (Nombre)	First/Primer nombre de solicitante		Middle/Segundo nombre		Last Name/Apellido			
	# Street/Calle		Apt #	City/Ciudad	State/Estado	Zip Code/Codigo		
Phone #: (Telefono)	() -		E-mail: (For Receipt)					
[] SAME AS ABOVE Mailing address: (Residencia de domicilio es diferente)	First/Primer nombre de solicitante		Middle/Segundo nombre		Last Name/Apellido			
	# Street/Calle		Apt #	City/Ciudad	State/Estado	Zip Code/Codigo		



(Must sign to process)

Date

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 UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC 195.003)

Would you like a receipt emailed? Yes [] No []
Would you like a paper receipt? Yes [] No []

Office Use Only

Applicant Information

<input type="checkbox"/> ID/Driver's License	ID #	
<input type="checkbox"/> Passport	Expire Date	
Other:	State of Issue	
Clerk	Amount	[] Documents Verified
Year	Book	Page
Receipt		Security

