

**APPLICATION FOR
BIRTH OR DEATH CERTIFICATE**



OFFICE USE ONLY DATE STAMP:	
CASHIER: _____	TIME IN: _____
PAYMENT TYPE: _____	AMOUNT DUE: _____
PROCESSOR: _____	TIME OUT: _____
DCN #: _____	
FILE #: _____	CE <input type="checkbox"/>

TYPE	QTY	PRICE	TYPE	QTY	PRICE
LONG FORM BIRTH CERTIFICATE		\$23	DEATH CERTIFICATE		\$21
ABSTRACT BIRTH X		\$23	ADDITIONAL DEATH CERTIFICATE		\$4
SHEET PROTECTOR		\$2	MAIL REQUEST FEE		\$1

PLEASE PRINT CLEARLY
FEES ARE NOT REFUNDED AND NOT TRANSFERABLE FOR ANY RECORD SEARCHED AND NOT FOUND.
 (TAC181.22) X _____

APPLICANT (YOUR) INFORMATION AND SHIPPING ADDRESS (PLEASE PRINT CLEARLY)

YOUR FIRST NAME		YOUR LAST NAME		YOUR PHONE #	
YOUR ADDRESS			CITY	STATE	ZIP
WHAT IS YOUR RELATIONSHIP TO THE PERSON NAMED ON THE CERTIFICATE? (YOU MUST PROVIDE PROOF OF RELATIONSHIP)					
<input type="checkbox"/> IT'S ME (SELF) <input type="checkbox"/> I'M A PARENT <input type="checkbox"/> I'M A SON/DAUGHTER <input type="checkbox"/> I'M A CURRENT SPOUSE <input type="checkbox"/> I'M A SIBLING <input type="checkbox"/> I'M A GRANDPARENT <input type="checkbox"/> OTHER _____					
REASON FOR REQUEST: <input type="checkbox"/> NEWBORN <input type="checkbox"/> TRAVEL/PASSPORT <input type="checkbox"/> SCHOOL <input type="checkbox"/> INSURANCE <input type="checkbox"/> RECORDS <input type="checkbox"/> OTHER _____					

INFORMATION FOR PERSON NAMED ON CERTIFICATE (PLEASE PRINT CLEARLY)

FIRST NAME		MIDDLE NAME		LAST NAME (MAIDEN)		SEX
						<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF BIRTH			PLACE OF BIRTH			
MONTH	DAY	YEAR	CITY	COUNTY	STATE	HOSPITAL NAME or LOCATION
					TEXAS ONLY	
PARENT 1 NAME	FIRST		MIDDLE		LAST (MAIDEN)	
PARENT 2 NAME	FIRST		MIDDLE		LAST (MAIDEN)	
DATE OF DEATH			PLACE OF DEATH			
MONTH	DAY	YEAR	CITY	COUNTY	STATE	HOSPITAL NAME OR ADDRESS OF LOCATION OF DEATH
			DALLAS ONLY		TEXAS ONLY	

HAS RECORD EVER BEEN AMENDED OR CHANGED? NO
 YES IF YES, WHAT CHANGED? _____

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 2-10 years imprisonment and a fine of up to \$10,000. (Health and Safety Code, CHAPTER 195, SEC 195.003)

READ & SIGN: If the record is not found with the information I provided, the FEES ARE NOT REFUNDABLE and are kept.

	APPLICANT SIGNATURE	DATE

FOR MAIL-IN REQUESTS ONLY: NOTARIZED PROOF OF IDENTIFICATION

STATE OF _____ COUNTY OF _____ This instrument was acknowledged before me on _____ by _____ (Date) (Name of person acknowledging)

(Notary Public's Signature) {STAMP}

CITY OF DALLAS VITAL STATISTICS
APPLICATION FOR BIRTH OR DEATH CERTIFICATE

Applications for birth or death certificates will not be processed without a photo ID or alternate IDs and the signature of the applicant.

LOCATION: J. Erik Jonsson Central Library, 1st Floor, 1515 Young Street, Dallas, TX 75201

HOURS: Monday-Friday 8:00AM – 4:30PM • **PHONE:** (214) 670-3092 • **WEB:** dallasvitalstatistics.com • **EMAIL:** vitalinfo@dallascityhall.com

LOCAL REGISTRAR: Margarita A. Carrasco **DEPUTY REGISTRAR:** Lolita Fuller

ONLINE REQUESTS – Visit www.vitalchek.com. Online orders are mailed 1-2 business day after receipt of the request. \$10 VitalChek service fee will be charged on all online orders.

MAIL REQUESTS - Processed and mailed 1-5 business days after receipt of the request. Mail requests without signature, valid photo ID, or notary signature/stamp will not be processed. For all mail requests, there is an additional \$1.00 fee for postage and handling. We accept money orders made payable to: CITY OF DALLAS. No personal checks please.

LONG FORM BIRTH CERTIFICATE – This is the most comprehensive birth record. It is a copy of the original birth certificate. It will also show a history of corrections that have been made to the birth record. This form is often used for requesting passports. **We can only issue long form birth certificates for births that occurred in the city of Dallas from April 1983 to present.**

ABSTRACT BIRTH CERTIFICATE – This is a summary of the birth record. This birth certificate will only show current information for the registrant's name, date of birth, place of birth, gender, and name of parent(s). This form will not show a history of corrections. Abstract birth records are available for births that occurred in the state of Texas from 1926 to present. This birth certificate is often used for school records and is acceptable for most purposes.

DEATH CERTIFICATE - Death records are available only for deaths that occurred in the City of Dallas from April 1983 to present.

VERIFICATION LETTER - A verification letter will include the registrant's name, the date of event, and the county where the event occurred. Verification letters are available for births or deaths that have occurred in the City of Dallas since April 1983. Verification letters are not considered legal substitutes for certified copies of birth certificates. City of Dallas Vital Statistics Unit strongly recommends that applicants ensure a verification will satisfy its intended use as refunds are not issued. X _____

PROPERLY QUALIFIED APPLICANT - Birth and death certificates can only be issued to a properly qualified applicant. **Per Title 25 Texas Administrative Code Subchapter A 181.1(21,13)** A properly qualified applicant is the individual named on the certificate or immediate family member (children, parents, siblings, grandparents, or current spouses) either by blood, marriage or adoption, legal guardian, or the registrant's legal agent or representative. Local, state, and federal law enforcement or governmental agencies and other persons may be designated as properly qualified applicants by demonstrating a direct and tangible interest in the record. **All applicants who are not immediate family members must provide legal documentation such as a certified court order, birth/marriage certificate, or insurance policy that demonstrates a direct, tangible interest in the record requested.**

ACCEPTABLE IDENTIFICATION – **Per Title 25 Texas Administrative Code Subchapter B 181.28 (i) 2, 5, 11(a)** All applicants must present proof of identity acceptable to the State Registrar. All applicants must sufficiently identify the vital record that is of interest at the time of request. In the absence of a form of primary identification, applicants are permitted to submit secondary forms of identification to establish proof of their identity. Ask staff for a complete list of acceptable identification or visit <https://dshs.texas.gov/vs/reqproc/Acceptable-IDs/>

PHOTOCOPY OF YOUR DOCUMENTS – **Per Title 25 Texas Administrative Code Subchapter B 181.28(e) and (i)8** Prior to the release of any Vital Statistics information, the Vital Statistics Unit shall retain a photocopy of all documents submitted and accepted as proof of identification for a period of three years from the date issued.

MAIL REQUEST CHECKLIST

- Complete the application; Please type or print clearly
- Complete the NOTARIZED PROOF OF IDENTIFICATION section located at the bottom of the application. Be sure to sign and date the application in the presence of a notary public
- Enclose a copy of a current driver's license, United States passport, or United States issued identification
- Enclose appropriate fees. Please make cashier checks or money orders payable to: City of Dallas
- Mail request to City of Dallas Vital Statistics, 1515 Young Street, Dallas, TX 75201
- For the status of your [City of Dallas](http://CityofDallas.com) online or mail-in request, please call 214-670-3092 or email vitalinfo@dallascityhall.com.

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