

APPLICATION FOR BIRTH OR DEATH CERTIFICATE



OFFICE USE ONLY DATE STAMP:

CASHIER: _____ TIME IN: _____

PAYMENT TYPE: _____ AMOUNT DUE: _____

PROCESSOR: _____ TIME OUT: _____

DCN #: _____

FILE #: _____ **CE** ☐

PLEASE PRINT CLEARLY

**FEES ARE NOT REFUNDED AND NOT TRANSFERABLE
FOR ANY RECORD SEARCHED AND NOT FOUND.
(TAC181.22)**

X _____

| 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 |

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)**

☐ IT'S ME (SELF) ☐ I'M A PARENT ☐ I'M A SON/DAUGHTER ☐ I'M A CURRENT SPOUSE ☐ I'M A SIBLING ☐ I'M A GRANDPARENT
☐ OTHER _____

REASON FOR REQUEST: ☐ NEWBORN ☐ TRAVEL/PASSPORT ☐ SCHOOL ☐ INSURANCE ☐ RECORDS ☐ 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.

| | | |
|------------------|---------------------|------|
| SIGN HERE | 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 8:30AM – 4:30PM • **PHONE:** (214) 670-3092 • **WEB:** dallasvitalstatistics.com • **EMAIL:** vitalinfo@dallas.gov

LOCAL REGISTRAR: Margarita A. Carrasco **DEPUTY REGISTRAR:** Tracy Aparicio

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 online or mail-in request, please call 214-670-3092 or email vitalinfo@dallas.gov.

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