





**Office of John F. Warren County Clerk**  
 Dallas County, Texas  
[www.DallasCounty.org](http://www.DallasCounty.org)

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

## Birth/Death Certificate Information

<b>Short Form Abstract Birth Certificate</b> 	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 <b>MAY NOT</b> be accepted by the U.S. Passport Office as a valid birth certificate.	<b>Long Form Birth Certificate</b> 	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)					
• <b>Third Party:</b> Notarized letter & copy of valid ID from immediate family member to release Birth/Death document					
• More information can be found online @ <a href="http://www.DallasCounty.org">www.DallasCounty.org</a>					

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

<b>If City of Dallas (April 1983 to Present) Bureau of Vital Statistics</b> 1515 Young St. Dallas, TX 75201 Mon-Fri 8:30am-4:30pm (214) 670-3248 <a href="http://www.DallasVitalStatistics.com">www.DallasVitalStatistics.com</a>	<b>Long Forms Birth &amp; Death Certificates NOT AVAILABLE for the City of Dallas or other counties (see sides for contact information).</b>		<b>Order all Texas Records (1903 to Present) Austin Vitals Statistics</b> 1100 W. 49th St. Austin, TX 78756 Mon-Fri 8am - 5pm 1 - (888) 963 - 7111 <a href="http://www.Texas.gov">www.Texas.gov</a>
	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 <b>2-3 weeks</b> from the time application is submitted to us by mail.	Mail your request by Overnight Mail Service <b>and</b> with enclosed paid Overnight Mail Envelope to expedite your request. May be mailed by FEDEX, UPS, or USPS Express mail. <b>2-5 business day service.</b>

Mail the following Items	Mailing Address
<input type="checkbox"/> Form Completed and Signed <input type="checkbox"/> <b>Notarized</b> Copy of ID <input type="checkbox"/> <b>Money Order</b> 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.)	<b>Dallas County Clerk's Office</b> ATTN: Birth/Death Certificate 1201 Elm St., Ste. 2100A Dallas, TX 75270

# NOTARIZED PROOF OF IDENTIFICATION

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

<b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

## AFFIDAVIT OF PERSONAL KNOWLEDGE

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>	
STATE OF _____	
COUNTY OF _____	
Before me on this day appeared _____ (Name)	
} [ _____ (Address) (City) (State)	
who is related to _____ (Relationship)	
I declare 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

[www.DallasCounty.org](http://www.DallasCounty.org)

## Application for Certified Copy Birth or Death Certificate

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

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

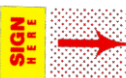
**Cash, Money Order, or Debit/Credit Accepted (\$3.95 convenience fee applies for card payments).**  
**For any search of the files where a record is not found, the searching fee is not refundable or transferable.**

### 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
④ Place of Birth/Death: (Lugar nacimiento)	City / Ciudad de nacimiento		County/Condado de nacimiento		<b>TEXAS ONLY</b>		
					State/Estado de nacimiento		
⑤ Hospital name: (Hospital)	*View list on back for availability		<b>No Long Form Birth Certificates for the City of Dallas (Only Abstract)</b> <b>No Death Certificates are available for Deaths that occurred in the City of Dallas</b> (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		
⑦ Parent 2: [ ] Mother [ ] Father [ ] Madre [ ] Padre	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	<input type="checkbox"/> Driver License	<input type="checkbox"/> Housing	<input type="checkbox"/> Travel	<input type="checkbox"/> School	<input type="checkbox"/> Veteran
	<input type="checkbox"/> Mother	<input type="checkbox"/> Sibling	<input type="checkbox"/> Child	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Social Security	<input type="checkbox"/> Insurance	Other:		
Your Name: (Nombre)	First/Primer nombre de solicitante		Middle/Segundo nombre		Last Name/Apellido				
Home address: (Domicilio)	# 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