



Office of John F. Warren County Clerk

Dallas County, Texas
www.DallasCounty.org

Records Building
 509 Main St Ste 200
 Dallas, Texas 75202
 (214) 653 - 7477

Birth/ Death Certificate Information

Qualified Applicants: Birth records are confidential for 75 years. Death records are confidential for 25 years. Qualified Applicants that may submit a request for a Birth/Death Certificate (must have valid state issued ID or Driver's License):

- Self
- Parent
- Spouse
- Grandparent
- Sibling
- Child
- Legal Guardian (Must provide certified copy of legal documentation)
- Notarized letter **and** copy of valid ID from immediate family member to release Birth/Death document
- More information can be found online @ www.DallasCounty.org



Short Form Birth

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

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.

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-Present)	Las Colinas	Seagoville
Carrollton (96-Present)	Duncanville	Highland Park	Mequite	Sunnyvale
Cedar Hill	Farmers Branch	Hutchins	Richardson (96-Present)	University Park
Cockrell Hill	Garland	Irving	Rowlett	Wilder/Wylie

To Order City of Dallas Records (April 1983 - Present)	Long Forms Birth & Death Certificates NOT AVAILABLE for the City of Dallas or below		To Order ALL Texas Records (Birth/ Death 1903 - Present)
Bureau of Vital Statistics 1500 Marilla St. Dallas, TX 75201 8:30am-4:30pm Monday-Friday www.DallasCityHall.com (214) 670-3092	Baylor University Medical Center	Medical City Children's Hospital	Dept. of State Health Services 1100 West 49th St. Austin, TX 78756 8am - 5pm Monday-Friday www.Texas.gov 1 - (888) 963 - 7111
	Chariton Methodist Hospital	Medical City Dallas	
	Children's Medical Center of Dallas	Methodist Medical Center	
	Dallas Veterans Affairs Medical Center	Parkland Memorial Hospital	
	Dockers Hospital	Presbyterian Hospital of Dallas	
	Lakepoint Hospital (Rockwall County)	Renaisance Hospital Dallas	
	Green Oaks Psychiatric Hospital	St. Paul Medical Center	
	LifeCare Hospital of Dallas	Trinity Medical Center (Pre-1996)	
	Mary Shiel's Hospital	UTSouthwestern	

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. 5 business day service.

Mail the following Items	Mailing Address
<input type="checkbox"/> Form Completed and Signed <input type="checkbox"/> Copy of ID <input type="checkbox"/> Money Order Payable to: Dallas County Clerk (Printed no more than 60 days) <input type="checkbox"/> Optional: Self Addressed Pre-postage Envelope	Dallas County Clerk's Office ATTN: Birth/ Death Certificate 509 Main St Suite # 200 Dallas, TX 75202



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**Application for Certified Copy
Birth or Death Certificate**

Birth Certificate			
Type	# of Copies	Cost	Total
Abstract State of Texas		\$23 each	\$
Long Form Dallas County Only		\$23 each	\$
View list on back for availability & details		Total Cost	\$

Death Certificate			
Type	# of Copies	Cost	Total
Death Certificate Dallas County Only		\$21 (1 st copy)	\$
Additional Copies Of Death Certificate		\$4 each	\$
*View list on back for availability		Total Cost	\$

Cash, Money Order, or Debit/ Credit Accepted (\$3.95 convenience fee applies for card payments)
The fee is non-refundable and non-transferable if record requested is searched.

BIRTH/ DEATH RECORD INFORMATION (Información de certificado)

① Name on Record: (Nombre)	First name /Primer nombre		Middle /Segundo nombre		Last Name /Apellido	
② Date of Birth: (Nacimiento)	Month /Mes	Day /Día	Year /Año	③ Date of Death: (Defunción)	Month /Mes	Day /Día Year /Año
④ Place of Birth/ Death: (Lugar)	City / Ciudad de nacimiento		County / Condado de nacimiento		TEXAS ONLY	
No Long Form Birth or Death Certificate for the City of Dallas (No ofrecemos forma larga y acta de defunción para la ciudad de Dallas)				⑤ Hospital name: (Hospital)		*View list on back for availability
⑥ Mother's Name: (Madre)	First /Primer nombre		Middle /Segundo nombre		Maiden Name /Apellido Anterior	
⑦ Father's Name: (Padre)	First /Primer nombre		Middle /Segundo nombre		Last Name /Apellido	

YOUR INFORMATION (Información de solicitante)

Relationship 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 Insurance	<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"/> Social Security	<input type="checkbox"/> Other	<input type="checkbox"/> Travel	<input type="checkbox"/> Veteran	
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 / Código			
Phone #: (Teléfono)	() -			E-mail: (For Receipt)					
<input type="checkbox"/> SAME AS ABOVE		Mailing address if different from above: (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 / Código	

SIGN HERE → (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	
Year	Book	Page	
Receipt		Security	