



OFFICE OF JOHN F. WARREN

COUNTY CLERK, DALLAS COUNTY, TEXAS

509 MAIN ST STE 200 • DALLAS, TX 75202 • 214-653-7099

APPLICATION FOR CERTIFIED COPY OF TEXAS BIRTH OR DEATH CERTIFICATE

A non-refundable search fee of \$23.00(birth) or \$21.00(death) will apply for all records not found

BIRTH	<input type="checkbox"/>
# REQUESTED _____	
_____ CERTIFIED COPIES X \$23.00 = _____	
TOTAL ENCLOSED = _____	
_____ ABSTRACT COPY	_____ LONG FORM
STATE OF TEXAS	DALLAS COUNTY

DEATH	<input type="checkbox"/>
# REQUESTED _____	
_____ CERTIFIED COPY X \$21.00 = _____	
_____ ADDITIONAL COPIES OF SAME RECORD X \$4.00 = _____	
TOTAL ENCLOSED = _____	

PLEASE PRINT
See Reverse Side for Instructions

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	Day	Year
3. Sex			
4. Place of Birth or Death	City or Town	County	State
5. Full Name of Father	First Name	Middle Name	Last Name
6. Full Maiden Name of Mother	First Name	Middle Name	Maiden Name

7. APPLICANT'S NAME: _____ 8. TELEPHONE #: () _____
(MON-FRI 8:00 A.M. - 4:30 P.M.)

9. MAILING ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

10. RELATIONSHIP TO PERSON NAMED IN ITEM NO. 1: _____

11. PURPOSE FOR OBTAINING THIS RECORD: _____

12. ADDITIONAL IDENTIFYING INFORMATION FOR CERTIFICATE.

NAME OF HOSPITAL: _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2 - 10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

PLEASE DO NOT SEND CASH OR PERSONAL CHECKS THROUGH THE MAIL. PLEASE SEND A MONEY ORDER MADE PAYABLE TO: DALLAS COUNTY CLERK

SIGNATURE OF APPLICANT _____

DATE _____

IDENTIFICATION TYPE _____
Drivers License, I.D. Card, etc.

NUMBER: _____
On Drivers License, I.D., Card, etc.

ATTACH PHOTOCOPY of a VALID STATE ISSUED DRIVER'S LICENSE OR IDENTIFICATION CARD

-Fees are subject to change without notice (call 214-653-7099 for fee verification)
-Birth records are confidential for 75 years and death records for 25 years; therefore, issuance is restricted. Please **attach a photocopy** of ID to application.
-Administrative rules require that on restricted records, all identifying information (items 1 - 6), relationship (item 11), and purpose (item 12) be provided in order to issue the record.

ISSUING CLERK _____ SECURITY NO. _____ RECEIPT NO. _____

INSTRUCTIONS FOR APPLICATION FOR CERTIFIED COPY OF A BIRTH OR DEATH RECORD

Check the appropriate box for either a Texas Birth or Death record.

Indicate the number of records requested and compute the amount of money to be sent. **PLEASE DO NOT SEND CASH OR PERSONAL CHECKS THROUGH THE MAIL. PLEASE SEND A MONEY ORDER MADE PAYABLE TO: DALLAS COUNTY CLERK**

Item 1. Name of Record:

State the FULL NAME of the person shown on the record being requested.

Item 2. Date of Event: (The date of the birth OR death.)

Give the exact date of the birth or day the person died. (If you do not know the exact date of death, then give the date the person was last known to be alive.)

Item 3. Sex

Enter Male or Female.

Item 4. Place of Event:

State the name of the city or county in which the birth or death occurred. (If you do not know the exact place of death, show the last address known when the person was alive.)

Item 5. Father's Name:

Give the full name of the father of the person shown on the record.

Item 6. Mother's **Maiden** Name:

Give the FULL MAIDEN NAME of the mother of the person shown on the record.

Item 7. Applicant's Name:

Give YOUR full name

Item 8. Telephone Number:

Give us a telephone number with area code where you can be reached between the hours of 8:00 A.M. and 4:30 P.M. (Central Time) Monday through Friday.

Item 9. Mailing Address:

Give us a complete current mailing address.

Item 10. Relationship to person named on the record.

State how you are related to the person whose record you are requesting.

Item 11. Purpose for obtaining this record:

State the reason or purpose for which you are requesting this record.

Item 12. **ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE:**

This additional information assists our staff in positively identifying a record. Indicate the full name of the hospital where the certificate holder was born at.

SIGN AND DATE THE APPLICATION. ENCLOSE A PHOTOCOPY OF YOUR ID WITH A PICTURE ON IT (PHOTOCOPY OF PICTURE ID). MAIL TO ADDRESS AT TOP OF APPLICATION FORM WITH THE CORRECT FEE(S).