### Birth/Death Records Request

<table>
<thead>
<tr>
<th>Short Form Abstract Birth Certificate</th>
<th>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 <strong>MAY NOT</strong> be accepted by the U.S. Passport Office as a valid birth certificate.</th>
<th>Long Form Birth Certificate</th>
<th>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.</th>
</tr>
</thead>
</table>

#### Qualified Applicants
- Self
- Parent
- Spouse
- Grandparent
- Sibling
- Child
- Legal Guardian (Must provide certified copy of legal documentation)
- Third Party: Notarized letter & copy of valid ID from immediate family member to release Birth/Death document
- More information can be found online @ [www.DallasCounty.org](http://www.DallasCounty.org)

#### Long Form Birth Certificates & Death Certificates AVAILABLE for the following DALLAS COUNTY CITIES

<table>
<thead>
<tr>
<th>Addison</th>
<th>Coppell</th>
<th>Glenn Heights</th>
<th>Lancaster</th>
<th>Sachse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balch Springs</td>
<td>Desoto</td>
<td>Grand Prairie</td>
<td>Las Colinas</td>
<td>Seagoville</td>
</tr>
<tr>
<td>Carrollton (96 to Present)</td>
<td>Duncanville</td>
<td>Highland Park</td>
<td>Mesquite</td>
<td>Sunnyvale</td>
</tr>
<tr>
<td>Cedar Hill</td>
<td>Farmers Branch</td>
<td>Hutchins</td>
<td>Richardson (96 to Present)</td>
<td>University Park</td>
</tr>
<tr>
<td>Cockrell Hill</td>
<td>Garland</td>
<td>Irving</td>
<td>Rowlett</td>
<td>Wilmer/Wylie</td>
</tr>
</tbody>
</table>

#### If City of Dallas (April 1983 to Present)

If City of Dallas

**Bureau of Vital Statistics**

1515 Young St.
Dallas, TX 75201

Mon-Fri 8:30am-4:30pm
(214) 670-3248


#### Long Forms Birth & Death Certificates

**NOT AVAILABLE** for the City of Dallas or other counties (see sides for contact information).

- 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

#### Order all Texas Records (1903 to Present)

**Austin Vitals Statistics**

1100 W. 49th St.
Austin, TX 78756

Mon-Fri 8am - 5pm
1 - (888) 963 – 7111

[www.Texas.gov](http://www.Texas.gov)

### ROUTINE SERVICE

- We are processing routine applications in approximately **2-3 weeks** from the time application is submitted to us by mail.

### EXPEDITE SERVICE

- 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, **2-5 business day service.**

### Mail the following Items

- Form Completed and Signed
- **Notarized** Copy of ID
- **Money Order** Payable to: Dallas County Clerk (Printed no more than 60 days)
- Optional: Self Addressed Pre-postage Envelope (Certified, Priority, Express, Etc.)

### Mailing Address

**Dallas County Clerk’s Office**

ATTN: Birth/Death Certificate

500 Elm St., Ste. 2100 - 2nd Floor
Dallas, TX 75202
This blank page is to ensure that notarized affidavit (VS-142.3(A)) does not print on the reverse side of the application (VS-142.3).
**NOTARIZED PROOF OF IDENTIFICATION**

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

<table>
<thead>
<tr>
<th>FULL NAME OF PERSON ON RECORD</th>
<th>DATE OF BIRTH/DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PLACE OF BIRTH/DEATH (City or County)</th>
<th>SEX</th>
<th>FULL NAME OF PARENT 1</th>
<th>FULL NAME OF PARENT 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.**

<table>
<thead>
<tr>
<th>NAME AND RELATIONSHIP TO PERSON ON RECORD</th>
<th>TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**AFFIDAVIT OF PERSONAL KNOWLEDGE**

**PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.**

STATE OF _____________________  
COUNTY OF _____________________

Before me on this day appeared _____________________  
(Name)

now residing at _____________________, _____________________, _____________________  
(Address) (City) (State)  
who is related to the person named on Part I as _____________________  
(Relationship)  
and who on oath deposes and says that the contents of this affidavit are true and correct.

Signature _____________________

Sworn to and subscribed before me, this ________ day of ________, 20 ______.

Signature _____________________

(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  
500 Elm St., Ste. 2100 - 2nd Floor  
Dallas, TX 75202

(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)
# Application for Certified Copy

## Birth or Death Certificate

### Birth Certificate

<table>
<thead>
<tr>
<th>Type</th>
<th>Fee</th>
<th>Available for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short Form (Abstract)</td>
<td>$23.03 each</td>
<td>for all Texas births</td>
</tr>
<tr>
<td>Long Form</td>
<td>$23.03 each</td>
<td>Dallas County Suburbs Only &amp; Not available for City of Dallas</td>
</tr>
</tbody>
</table>

### Death Certificate

<table>
<thead>
<tr>
<th>Type</th>
<th>Fee</th>
<th>Available for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death Certificate</td>
<td>$21 1st copy</td>
<td>Dallas County Suburbs Only</td>
</tr>
<tr>
<td>Additional Copies</td>
<td>$4  each</td>
<td>Of Death Certificate &amp; Not available for City of Dallas</td>
</tr>
</tbody>
</table>

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.

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### BIRTH/DEATH RECORD INFORMATION (Información de certificado)

1. **Name on Record (Nombre)**: First name/Primer nombre, Middle/Segundo nombre, Last Name/Appellido
2. **Date of Birth (Fecha nacimiento)**: Month/Mes, Day/Día, Year/Año
3. **Place of Birth/Death (Lugar nacimiento)**: City/Ciudad de nacimiento, County/Condado de nacimiento, State/Estado de nacimiento
4. **Hospital name (Hospital)**: First name/Primer nombre, Middle/Segundo nombre, Maiden or Last Name/Appellido Anterior
5. **Parent 1**: [ ] Mother [ ] Father [ ] Madre [ ] Padre
6. **Parent 2**: [ ] Mother [ ] Father [ ] Madre [ ] Padre

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### YOUR INFORMATION (Información de solicitante)

- **Relation to**: [ ] Self [ ] Father [ ] Spouse [ ] Legal Guardian
- **Your Name (Nombre)**: First name/Primer nombre de solicitante, Middle/Segundo nombre, Last Name/Appellido
- **Home address (Domicilio)**: # Street/Calle, Apt #, City/Ciudad, State/Estado, Zip Code/Código
- **Phone # (Teléfono)**: First name/Primer nombre de solicitante, Middle/Segundo nombre, Last Name/Appellido

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### Office Use Only

- **Applicant Information**
  - [ ] ID/Driver's License
  - [ ] Passport
  - [ ] Social Security
  - [ ] Veteran
  - [ ] Insurance
  - [ ] Other:
  - **ID #:**
  - **Expire Date:**
  - **State of Issue:**
  - **Clerk:**
  - **Amount:**
  - **Book:**
  - **Page:**
  - **Security:**

---

**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 [ ]

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Form revised 12/2021