



Wichita Falls - Wichita County Public Health District
1700 Third St Wichita Falls, TX 76301
Phone: (940)761-7801/7802 **Fax:** (940)761-7693
Email: vr@wichitafallstx.gov

WWW.WICHITAFALLSTX.GOV/311/VITALRECORDS

Instructions for Requesting a Certified Birth or Death Record

Please read all of the following prior to sending in your request.

Availability of Records (Our office files):

- Births born IN THE CITY LIMITS OF WICHITA FALLS from 1926 to current will received a long form birth certificate.
- Births born IN THE STATE OF TEXAS, BUT OUTSIDE THE CITY LIMITS OF WICHITA FALLS from 1926-to current will receive an Abstract Certified Birth Certificate
- Deaths that occurred ONLY IN THE CITY LIMITS of Wichita Falls All other requests for dates not listed must be obtained from the county they occurred in or the State they occurred in. Records will only be issued to Qualified Applicants.

Our office can issue two kinds of birth certificates:

1. Long Form Birth Certificate-If you were born in the City Limits of Wichita Falls, we will issue you a long form birth certificate. This is a certified copy of the original on security paper that meets state requirements, which bears our Health Department Seal and the Texas State Health Department seal within the paper. We DO NOT use an embossed seal per the Texas Administrative Code Title 25 Part 1 Chapter 181 Subchapter B Rule 1813.28 -C-Security Features.
2. ABSTRACT Form Birth Certificate-If you were born in the State of Texas, we will issue you an abstract birth certificate. This is a certified copy of the minimal information that is provided by the State. This is a certified copy of the original on security paper that meets state requirements, which bears our Health Department Seal and the Texas State Health Department seal within the paper. We DO NOT use an emboss seal per the Texas Administrative Code Title 25 Part 1 Chapter 181 Subchapter B Rule 1813.28 -C-Security Features.

Qualifying Applicant (Defines who is eligible to request certified copies of records):

- **Self** (Person named on record)
- **Parent** (Parent listed on record)
- **Step-Parent** (Must show documentation showing still linked to bio-parent)
- **Grandparent** (Biological Parents to Parents on record)
- **Children** (Biological Child to Person on record)
- **Sibling** (Must share at least 1 parent. Parent must be on both person's birth certificate)
- **Spouse** (Must show marriage license if you do not share last name on record)
- **Guardian** (Must show valid court order showing guardianship)
- **Attorney** (Must have valid paperwork show tangible interest in record)

All qualifying applicants must present a valid form of identification with your request. Applicant must present 1 form of primary identification. If you do not possess a primary ID, you may present 2 forms of secondary identification. If you do not possess 2 forms of secondary ID, you may present 1 form of secondary and 2 forms of supporting identification that establishes the applicant's identity. Examples of all forms of acceptable identification are listed on page two of these instructions.

Revised Oct 2020

Acceptable Identification

Vital Statistics accepts the following form(s) of identification:

1. Provide ONE (1) from GROUP A; OR
2. If you do not have one from Group A, provide TWO (2) from GROUP B; OR
3. If you do not have one from Group A or two from Group B, provide ONE (1) from GROUP B and TWO (2) from GROUP C.

Group A – PRIMARY ACCEPTABLE ID

Please provide ONE (1) from GROUP A:

- Driver's license
- Federal or state ID
- Military ID
- U.S. passport
- License to Carry a Handgun
- Pilot's license
- Law enforcement employment ID (federal, state, or city)
- Offender ID issued by the Texas Dept. of Criminal Justice or an ID from a federal or U.S. state correctional facility or institution
- Dept. of Homeland Security, United States Citizenship and Immigration Services (USCIS) issued:
 - Employment Authorization Document (EAD)
 - Permanent Resident Card (Green Card)
 - Travel Documents:
 - Re-entry permit
 - Refugee travel document
 - Advance parole
 - SENTRI card
 - U.S. citizen ID

continued...

Group A, continued.

- U.S. Dept. of State issued:
 - Border Crossing Card (BCC) - B1 for business or pleasure or B2 medical purposes
 - Visa

Group B – SECONDARY ID

If you do not have one from Group A, please provide TWO (2) from GROUP B:

- Current student ID
- Any Primary Acceptable ID from Group A that is expired
- Signed Social Security card or Numident
- DD Form 214 Certificate of Release
- Medicaid or Medicare card
- Veterans Affairs card
- Medical insurance card
- Foreign passport accompanied by a visa issued by the U.S. Dept. of State
- Foreign passport in accordance with the U.S. Dept. of State, Visa Waiver Program
- Certified birth certificate from the U.S. Dept. of State (FS-240, DS-1350, or FS-545)
- Private company employment ID
- Form I-94 - accompanied by the applicant's visa or passport
- Mexican voter registration card
- Foreign ID with identifiable photo of applicant (including El Salvador consular certification, El Salvadoran Unique Identity Card [DUI], and Honduran consular certification)

Group C – SUPPORTING DOCUMENTS

If you do not have one from Group A or two from Group B, provide ONE (1) from GROUP B and TWO (2) from GROUP C:

- Recent utility bill or cell phone bill with current address
- Recent paycheck stub
- Any Secondary Acceptable ID from Group B that is expired
- Public assistance applications or letters
- Signed valid voter's registration card
- Police report of stolen identification
- Official school transcript
- Bank account statement
- Social Security letter
- Marriage license or divorce decree
- Certified birth certificate from a state other than Texas, District of Columbia, or other country
- Automobile insurance card or contract
- Lease agreement
- Loan or installment payment contract
- Promissory note or loan contract
- Court order
- Property title or lien
- Automobile title or registration
- Library card
- Fishing or hunting license
- Recent medical record or bill
- Religious record w/signature of officiant
- Recent rent receipt w/address and name
- Federal, state, or local tax records
- U.S. Dept. of Homeland Security notice or correspondence

Fees, Processing Times, & Acceptable Payments

No Refunds

<u>Long Form Birth Certificate</u> (For Births that occurred in Wichita Falls)	\$23
<u>Abstract Form Birth Certificate</u> (For Births that occurred outside Wichita Falls but in Texas)	\$23
<u>First Copy of Death Certificate</u>	\$21
<u>Additional Copy of Death Certificates</u> (At time of Purchase)	\$4
<u>Plastic Sleeve</u>	Letter -\$3 Legal -\$4
<u>Convenience Fee</u> (To process all Debit/Credit Cards Transactions)	\$3.50
(No additional charge to requests made in office)	

Our office accepts payments in the form of:

Cash (Only when in office)

Visa, MasterCard, Discover

Money Orders or Cashier's Checks (Made payable Wichita Falls Health Department)

No Personal Checks Accepted

Mail Options:

<u>UPS/FedEx Service:</u> Estimated 1-4 Business Day Delivery (depending on delivery area)	\$21
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No liability on this office for lost orders through delivery service.

Regular Mail:

No liability on this office for lost orders once mail leaves this office

No
additional
fees

*All requests are processed within 1-2 business days from the time this office receives it, as long as all portions of application are complete.

Note: All mailed, faxed, or emailed applications submitted must be signed in the presence of a notary public along with a copy of your valid identification. Uncompleted applications or insufficient identification will cause a delay in processing.

***If notary stamp is an embossed seal: must mail in original application.**

***If notary stamp is ink stamp, may fax or email application in.**



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Office use only:

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Please Print and Include a Photocopy of your Valid Driver's License, State ID, or forms from the acceptable list.

Section 1 Applicant (Person Requesting Record)					
Name	DOB	Ph:	Email		
Full Mailing Address					
Relationship			Reason for Purchase		
Applicant's Signature:			Date:		
If needing record mailed somewhere else, please list that address below.					
Name of person Receiving Copies:					
Full mailing address:					
Section 2 – Applicant's Notarized Affidavit of Identity (Must be signed in the presence of a notary public)					
ALL SUBMITTED APPLICATIONS FOR CERTIFICATES MUST BE NOTARIZED IN ORDER TO BE PROCESSED.					
STATE OF: _____ COUNTY OF: _____					
This identity of the applicant was acknowledged before me on _____ by _____					
		Date	Name of Person Identified (Applicant)		
_____		_____		_____	
Applicant's Signature		Notary Public's Signature		Notary Stamp or Seal	
Ink stamp-may fax or email		Embossed Seal-must mail in original			
Section 3-Identify the Record					
Name on Certificate	First	Middle	Last/Maiden Name		
Date of Birth / Death	M/D/Y		Sex		
Place of Birth / Death	City	County	State Texas		
Mother's Full Maiden Name or Father's Name:	First	Middle	Last		
Mother's Full Maiden Name or Father's Name:	First	Middle	Last		
Section 4					
Service	Cost	#	Total	Mail Options	
Long Form OR Abstract Form Birth Certificate	\$23			UPS/FedEx Service: Estimated 1-4 Business Day Delivery (depending on delivery area) No liability on this office for lost orders through delivery service. Regular Mail: No additional fees No liability on this office for lost orders once mail leaves this office *All requests are processed within 1-2 business days as long as all portions of application are complete.	
1st Copy Death Certificate	\$21				
Additional Death Certificates	\$4				
Plastic Sleeve Letter Size	\$3				
Plastic Sleeve Legal Size	\$4				
UPS/FedEx Service: Est. 1-4 Business Day	\$21				
Credit Card Convenience Fee	\$3.50				
Total Payment					
Section 5–Credit Card Authorization (Skip if mailing in with money order, make payable to WFWCPHD) NO PERSONAL CHECKS					
MUST ATTACH CARD HOLDER'S DRIVER'S LICENSE OR ID		Visa	MasterCard	Discover	
Name on Card:		Card Holder Phone #:			
Credit Card #:		EXP Date:		CVV/CVC #:	
By signing this; you are authorizing the WFWCPHD to charge your card for the total amount of records and a convenience fee. \$3.50.					
Signature					

Warning: It is a felony to falsify information on this document. The penalty for knowingly making a false statement on this form or 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.)

Revised July 2022