



Instructions for Requesting a Certified Birth or Death Record

Wichita Falls Wichita County Health Department

1700 Third St Wichita Falls, TX 76301

Phone: (940)761-7801 Fax: (940)761-7693

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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 1917 to current. -Births born in the State of Texas from 1926-to current -Deaths that occurred 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. **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. **Short Form Birth Certificate (Abstract)** -If you were born in the State of Texas, we will issue you a short form (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 out 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. **(Abstracts births will bear the (I) for passport requirements from 1964-Present if you were born in a hospital.)**

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 marriage license) -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 people'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.

Dear Customer:

An ID is needed to process your application. Please select **one** of the three groups below and provide the requested items.

1. One (1) Item from **Group A OR**
2. Two (2) Items from Group B **OR**
3. Three (3) Items one(1) item from **Group B PLUS two (2) items from Group C**

1 Group A – PRIMARY ACCEPTABLE ID

Note: The document must contain the applicants name and signature and or an identifiable photo of the applicant

- Driver's License;
- Federal or State Identification card;
- Federal, State or City law enforcement employment identification card, or employment badge accompanied by employment identification card;
- Offender Identification card issued by the Department of Criminal Justice correctional facility or institution;
- Military Identification card;
- Department 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 Permit; or
 - Advance Parole.
 - SENTRI Card; or
 - U.S. Citizen Identification Card.
- United States Department of State issued:
 - Border Crossing Card (B1 for business or pleasure or B2 medical purposes); or
 - Visa
- Concealed Handgun License;
- Pilot's license; or
- United States Passport.

2 Group B - SECONDARY ACCEPTABLE ID - Please provide two (2) of Group B ID's

Note: one document must contain the applicants name and signature and or an identifiable photo of the applicant

- Current student identification;
- Any Primary Identification that is expired;
- Signed Social Security card, or Numident;
- DD Form 214 Certificate of Release;
- Medicaid card or Medicare card;
- Veterans Affairs card;
- Medical insurance card;
- Foreign Passport accompanied by a Visa issued by the United States Department of State;
- Foreign Passport in accordance with the United States Department of State, Visa Waiver Program;
- Certified birth certificate from the Department of State (FS-240, DS-1350 or FS-545);
- Private Company Employment Identification card;
- Form I-94 - accompanied by the applicant's Visa or Passport;
- Mexican voter registration card; or
- Foreign Identification with identifiable photo of applicant.

3 Group C – SUPPORTING DOCUMENTS - Please provide One (1) From Group B and (2)TWO FROM GROUP C

Note: one document must contain the applicants name and signature and or an identifiable photo of the applicant

Note: This list of items consist of other records or documents that aid in establishing the identity of the applicant.

The following list is not all inclusive.

- A recent utility bill (must be current, show the same address and name of the requestor)
- Current Pay Stub (must show requestors name, company name and current address)
- Bank account statement (must be a current statement showing requestors name and address)
- Public assistance Letter (must be current and show requestors name and address)
- Police Report of stolen identification (must show requestors name, address and date filed)
- Official School Transcript (must be certified by official seal)
- Voters registration card (must be current and show your current address and name of requestor)
- Automobile insurance card (must show requestors name and be current and valid)
- Automobile title (must show requestors name)
- Social security letter (must be current and show same address as on the application)

Fees and Processing Times

Long Form/Short (Abstract) Form Birth Certificate	\$23
First Copy of Death Certificate	\$21
Additional Copy of Death Certificates (At time of Purchase)	\$4
Plastic Sleeve 8 ½ x 11 or 8 ½ x 7	\$1
Convenience Fee (To process all Debit/Credit Cards Transactions)	\$3.50
(No additional charge to requests made in office)	

Mail Options

UPS : 1-2 Business Day Shipping (Weather Permitted)	\$16
Additional Expediting Charge for all UPS Orders	\$5

No liability on this office for lost orders once UPS delivers

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 from the time this office receives it.



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Office use only:

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

Service	Cost	#	Total	Mail Options
Long Form/ Short (Abstract) Form Birth Certificate	\$23			UPS : 1-2 Business Day Shipping (Weather Permit) No liability on this office for lost orders once UPS delivers 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
1 st Copy Death Certificate	\$21			
Additional Death Certificates	\$4			
Plastic Cover	\$1			
Expedited Fee (\$5) UPS (\$16)	\$21			
Credit Card Convenience Fee	\$3.50			
Part 1–Credit Card Authorization (Skip of mailing in with money order, make payable to WFWCPHD) NO CHECKS ACCEPTED				
Visa MC Discover	MUST ATTACH CARD HOLDER'S DRIVER'S LICENSE OR ID			
Name on Card:			By signing this; you are authorizing the WFWCPHD to charge your card for the total amount of records and a convenience fee. \$3.50.	
Card #:			Signature:	
Exp: CVV/CVC:				

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Part 2 – Identify the Birth Certificate or Death Certificate Information			
Full name on Record	First	Middle	Last/Maiden
Date of Birth/Death	Month/Day/Year		Sex
Place of Birth/Death	City or Town	County	State
Name of Parent 1	First	Middle	Last/Maiden
Name of Parent 2	First	Middle	Last/Maiden

Part 3 - Applicant Information		
Applicant Name	Phone #	Email
Full Mailing Address		
Relationship to person listed above		Reason for Purchase
I authorize mailing to the address below instead, I have verified that the address below will receive my order.		
Name of person Receiving Copies:		
Full mailing address:		

Part 4 – Affidavit of Personal Knowledge (Must be signed in the presence of a notary public)
State of _____ County of _____ Before me appeared _____ now residing at _____ who is related to the person named on part 2 as _____ and who on oath deposes and says that the contents of this affidavit are true and correct. The applicant presented the following type and number of identification: _____ Applicant Signature _____ Sworn before me, this _____ day of _____, 20____ Signature of Notary & ID # _____ Typed or Printed Name: _____ Commission Expires: _____ (Seal) Street Address: _____ City, State, Zip _____

Warning: The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine of up to \$5000 (article 4477c Civil Statutes of Texas)