



## 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 Email: [misty.koru@wichitafallstx.gov](mailto:misty.koru@wichitafallstx.gov)



### **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 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. **(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 Birth Certificate -----	\$23
Short Form (Abstract) Birth Certificate -----	\$23
First Copy Death Certificate -----	\$21
Additional Copies of Death Certificate (At time of Purchase) -----	\$4
Plastic Sleeve -----	\$1
Convenience Charge To Process all Debit/Credit Card Transactions---	\$3.50
(No additional charge to requests made in-office)	
UPS 1-2 Day Shipping (Continental U.S. Only) -----	\$16

All requests are processed with 1-2 business days from time it's received.



Wichita Falls Wichita County Health Department  
 1700 Third St. Wichita Falls, TX 76301  
 Phone: 940-761-7802 or 7801  
 Fax: 940-761-7693

Office use:

Email: [misty.koru@wichitafallstx.gov](mailto:misty.koru@wichitafallstx.gov) or [ashley.harmon@wichitafallstx.gov](mailto:ashley.harmon@wichitafallstx.gov)

Please Print and Include a Photocopy of Your Valid Photo Identification.

BIRTH CERTIFICATES				DEATH CERTIFICATES			
Type	Cost	# Copies	Total	Type	Cost	# Copies	Total
Long Form	\$23			1 <sup>st</sup> Copy	\$21		
Short Form Abstract	\$23			Additional Copies	\$4		
Plastic Cover	\$1			Plastic Cover	\$1		
Expedited UPS 1-2 Business Days	\$16			Expedited UPS 1-2 Business Days	\$16		
Credit Card Processing Fee	\$3.50			Credit Card Processing Fee	\$3.50		
			\$				\$

**Credit Card Authorization (Part 1) Skip if mailing with money order, make payable WFWCPHD. NO CHECKS ACCEPTED**

Visa  MC  Discover  **MUST ATTACH CARD HOLDER'S ID**

Name on Card	By signing this you are authorizing the WFWCPHD to charge you card for the total amount of records and a processing fee of \$3.50. Signature: _____
Credit Card #	
Expiration	

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (PART 2)			
Full Name on Record	First Name	Middle Name	Last Name
Date of Birth/Death	Month/Day/Year	Sex	
Place of Birth/Death	City or Town	County	State
Full Name of Parent 1	First Name	Middle Name	Maiden Name/Last Name
Full Name of Parent 2	First Name	Middle Name	Maiden Name/Last Name

**APPLICANT INFORMATION (PART 3)**

Applicant Name	Phone #	Email:
Full Mailing Address		
Relationship to person listed above		
<input type="checkbox"/> I authorize mailing to the address below. I have verified that the address below will receive my order.		
Name of Person Receiving Copies, if different from applicant		
Mailing Address		

**AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC) (PART 4)**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ Before me on this day appeared \_\_\_\_\_  
 now residing at \_\_\_\_\_  
 who is related to the person named on Part 1 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 to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Notary Public and Notary ID Number \_\_\_\_\_ (Seal)

Typed or Printed Name: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_