



Instructions for Requesting a Certified Birth or Death Record

Wichita Falls Wichita County Health Department

1700 Third St Wichita Falls, TX 76301

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WWW.WICHITAFALLSTX.GOV/311/VITALRECORDS

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.

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.

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 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.

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.

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, 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>	\$3
<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

Expedited Service: 1-2 Business Day Delivery (Weather Permitted) \$21

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 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:

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 OR Abstract Form Birth Certificate	\$23			<u>Expedited Service:</u> 1-2 Business Day Delivery (Weather Permit) No liability on this office for lost orders through delivery service. <u>Regular Mail:</u> 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.
1 st Copy Death Certificate	\$21			
Additional <u>Death</u> Certificates	\$4			
Plastic Cover	\$3			
Expedited Service 1-2 Business Day Delivery	\$21			
Credit Card Convenience Fee	\$3.50			
Total Payment				

REVISED Jan. 2020

Part 1—Credit Card Authorization (Skip if 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:	

Part 2- Identify the Record

Name on Certificate Prior to Marriage	First	Middle	Last
Date of Birth / Death	M/D/Y		Sex
Place of Birth / Death	City	County	State Texas
Parent Name Prior to Marriage	First	Middle	Last
Parent Name Prior to Marriage	First	Middle	Last

Part 3 - Person Requesting Record (Applicant)

Applicant Name	Phone #	Email
Full Mailing Address		
Relationship	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: _____

Applicant's Signature: _____ **Date:** _____

Part 4 – 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 instrument was acknowledged before me on _____ Date by _____ Name of Person Identified (Applicant)

 Notary Public's Signature

 Notary Stamp or Seal

Ink stamp-may fax or email Embossed Seal- must mail in original

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.)