

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH RECORD
CITY OF DALHART

P.O. BOX 2005 DALHART, TX 79022
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FEES: BIRTH: \$23.00
DEATH: \$21.00 First copy/\$4.00 each additional copy

1. NAME ON RECORD: _____
FIRST MIDDLE LAST
2. DATE OF BIRTH/DEATH: _____ SEX _____
3. PLACE OF BIRTH/DEATH: _____
4. FATHER'S FULL NAME: _____
5. MOTHER'S MAIDEN NAME: _____
6. APPLICANT'S NAME: _____
MAILING ADDRESS: _____
TELEPHONE NUMBER: _____
7. RELATIONSHIP TO PERSON IN #1 _____
8. PURPOSE FOR REQUESTING RECORD _____

SIGNATURE OF APPLICANT

DATE

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 \$10,000.00. A person commits an offense if the person intentionally or knowingly makes a false statement or directs another person to make a false statement in an application for a certified copy of vital records. [HSC§195.003 (a-4)]

IDENTIFICATION TYPE AND NUMBER: _____
(Driver's License or 2 Other Forms of ID)

FOR DEATH RECORDS ONLY:

SOCIAL SECURITY NUMBER OF DECEASED _____

BIRTH DATE _____

BIRTH PLACE _____

NOTE: Birth records are confidential for 75 years from date of birth and death records are confidential for 25 years from date of death, therefore, issuance is restricted. Other records may be obtained when sufficient information for identification is provided.

FOR OFFICIAL USE ONLY: CERTIFICATE # _____ DATE ISSUED _____ BY _____
