

****BIRTH CERTIFICATES FOR TEXAS ONLY****

#OF COPIES (# DE COPIAS) _____ \$23 PER COPY

THIS OFFICE ONLY PROVIDES LONG FORMS FOR SUBSTATIONS OUTSIDE OF THE DALLAS CITY LIMITS! (EX: HOSPITALS IN GARLAND, MESQUITE, RICHARDSON, IRVING, LANCASTER, CARROLLTON, LAS COLINAS)

NAME ON BIRTH RECORD
(NOMBRE EN LA ACTA DE NACIMINETO)

FIRST(PRIMER)

MIDDLE(SEGUNDO)

LAST(APELLIDO)

DATE OF BIRTH
(FECHA DE NACIMIENTO)

SEX
(SEXO)
MORF

COUNTY OF BIRTH
(CONDADO DE NACIMIENTO)

FATHER'S NAME:

(NOMBRE DEL PAPA): _____

MOTHER'S NAME:

(NOMBRE DE MAMA): _____

MAIDEN NAME:

(NOMBRE DE SOLTERA); _____

PLEASE CHECK ONE ONLY:

(POR FAVOR ELIGE UNO):

LONG FORM

(FORMA LARGA)

ABSTRACT

(FORMA CORTA):

****LONG FORM BIRTH CERTIFICATES ARE MORE DETAILED AND MAY BE NECESSARY IN ORDER TO OBTAIN PASSPORTS**

****PLEASE CHECK WITH YOUR PASSPORT OFFICE BEFORE OBTAINING BIRTH CERTIFICATES. THEIR WILL BE NO REFUNDS ONCE YOU LEAVE THE OFFICE. NO EXCEPTIONS!!**

APPLICANT'S NAME:

(PERSONA APLICANDO): _____

APPLICANT'S DRIVER'S LICENSE# OR ID#:

(NUMERO DE LICENSIA O ID): _____

APPLICANT'S SOCIAL SECURITY:

(NUMERO DE SEGURO SOCIAL DE USTED): _____

APPLICANT'S DAYTIME PHONE#:

(NUMERO DE TELEFONO): _____

APPLICANT'S MAILING ADDRESS (DOMICILIO):

STREET / CITY / STATE / ZIP CODE

RELATIONSHIP TO PERSON ON RECORD:

(RELACION A LA PERSONA EN LA ACTA): _____

PURPOSE FOR OBTAINING RECORD:

(RAZON PARA OBTENER LA ACTA): _____

SIGNATURE OF APPLICANT:

(FIRMA DE APLICANTE) _____

DATE:

(FECHA): _____

DRIVERS LICENSE AND OR ID FROM THE DEPARTMENT OF MOTOR VEHICLES IS THE ONLY TYPE OF IDENTIFICATION THAT IS ACCEPTED. WHEN REQUESTING THROUGH THE MAIL, PLEASE MAIL A COPY OF ID.

ISSUING CLERK _____ SECURITY # _____