Application for a Certified Copy of a Birth Certificate

Make checks payable to: City of Arlington
Address envelope to: City of Arlington Vital Records • 101 W. Abram St., 1st Floor • MS #01-0110
Arlington, Texas 76010
817-459-6777

Note: If mailing, please attach copy of applicant's valid photo identification.

APPLICATIONS WITHOUT VALID PHOTO ID WILL NOT BE PROCESSED.
TEXAS BIRTHS ONLY · APPLICATIONS MUST BE COMPLETELY FILLED OUT

These records are protected by the Texas Health and Safety Code and may only be released to a **"properly qualified applicant"**, which is defined as **an immediate member of the family, a legal or personal representative, or agent. Proper identification will be required at the time of order. All information must be completed before your order can be processed.**

Fees: $23.00 for each copy.

Long form # of copies: _____ **Short form** # of copies _____
(Long form available for births in Arlington after 1971)

Protect your Vital Record with Poly Envelope:
$2.00 (long) _____ or **$1.50** (short) _____

Expedite Fee: $5.00 _____ (mailed applications only)

Full Name _____
(Person on record) First Middle Last

Date of birth: _____ Place of birth: _____
City County State

Full Name of Father _____
First Middle Last

Full **MAIDEN** Name of Mother _____
First Middle Maiden Name

Name of Applicant: _____ Phone: _____
(Person signing the application)

Address of Applicant: _____
Street City State Zip

Relationship to Person Named on the record: _____

Purpose for Obtaining this Record: _____

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. (Health and Safety Code, Chapter 195.003)

_____ _____
Signature of Applicant Date

REV. 1.14