



City of McAllen
VITAL STATISTICS
 221 S. 15th
 McAllen, Texas 78501

TEXAS BIRTH CERTIFICATE APPLICATION

VOIDS _____ Copy # _____
 VOIDS _____ Abst # _____

McAllen, Texas 78501 (956) 681-1195 Date _____

Please complete all questions and sign application

Full Name of Person on Record: _____

Date of Birth: _____ Sex { } Male { } Female
 Month / Day / Year

Place of Birth (City / Hospital): _____

Full Name of Father: _____

Mother's full Maiden Name: _____

What is YOUR relationship to the person whose certificate you want: (check one)

- Father/Mother – must be listed on certificate (Current US Government issued picture ID* required (not a copy))**
- Self - must be at least 18 years of age or if a minor, certified copy of marriage license required (Current US Government issued picture ID* required (not a copy))**
- Grandparent (Proof required: Your son or daughter's certified birth certificate (not a copy) AND YOUR current US Government issued picture ID*)**
- Spouse (Proof required: Certified Copy of Marriage License(not a copy) AND current US Government issued picture ID*)**
- Brother/Sister – must be at least 18 years of age (Proof required: Must provide your own certified birth certificate for verification AND US Government issued picture ID*)**
- Legal Guardian (Proof required: Court order signed by a US Judge showing legal custody and your own current US Government issued picture ID*)**

Only those listed above are qualified applicants

Check which certificate you are requesting: { } Certified Copy – Full Sheet - only for those born in McAllen **\$23.00 each and/or (note: wallet size is no longer available)**

{ } *Abstract (1/2 sheet)– If born anywhere in the State of Texas **\$23.00 each**
 * *Abstract available only if names fit* → including McAllen

Plastic Pouch @ \$1.50 each for abstract or \$2.00 each for full sheet (optional)

Note: If NO RECORD is found, a searching Fee of \$23.00 will be charged. And if both Certificates are checked off, both will be Charged – NO EXCEPTIONS.

PLEASE INDICATE IF THERE HAS BEEN A CHANGE OR CORRECTION ON THE RECORD { } Yes { } No

My purpose to obtain this record is: _____

INDICATE WHAT VALID & CURRENT Photo Identification you will present of yourself (REQUIRED):

- ONE** of the following: () US Driver's License or ID (not expired & current physical address indicated)* () US Passport
 () Resident Alien () Border Crosser/VISA laser () US Military ID
- OR TWO** of the following secondary types: () Other Country Passport with Visa () Other Country Valid Driver's License
 () Current Mexican IFE Voters Card with expiration dates in front

PLEASE FILL OUT THE FOLLOWING WITH YOUR INFORMATION:

Name: _____

Current **Physical** Address: _____

City/State/Zip Code: _____

Phone No: _____

Your Date of Birth as shown on your ID: _____

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, Sec. 195.003.)

Signature: _____ Date: _____

NOTE: Our office does not accept mail requests. You may contact the State of Texas, Vital Statistics Unit in Austin, Texas at 1-888-963-7111 or 1-512-458-7111 or log onto their website at Texas.gov for information on how to obtain vital records by mail from their office.