

EACH APPLICANT MUST PRESENT A FORM OF IDENTIFICATION WITH IDENTIFIABLE PHOTO

QUALIFIED APPLICANT REQUIREMENTS

All documents proving qualified applicant status must be original documents; copies are not accepted

IF YOU ARE THE:

Parent: Picture ID - Must be listed on record
Self: Picture ID
Son/Daughter: Your original birth certificate
Spouse: birth certificate-original marriage license
death certificate-your name must listed on the certificate as the surviving spouse

Grandparent: Your daughter/son's original birth or death Certificate
Brother/Sister: Your original birth certificate
Legal Guardian: Original certified court order granting permission to request the birth certificate

GROUP A: Primary Acceptable Identification:

Must be current and valid and contain the applicant's name and photograph

- Driver's License from a U.S. state;
- Federal or State Identification card
- Law enforcement employment ID (Federal or State or City)
- Offender Identification card issued by the Texas Department of Criminal Justice correctional facility or institution;
- Military Identification card;
- United States Passport;
- Concealed Handgun License; Pilot's License;
- Department of Homeland Security, United States Citizenship and Immigration Services (USCIS) issued:
 - *Employment Authorization Document (EAD);
 - *Permanent Resident Card (green card);
 - *Travel Documents:
 - (-a-) Re-entry Permit;
 - (-b-) Refugee Travel Permit; or
 - (-c-) Advance Parole.
- *SENTRI Card; or
- *U.S. Citizen Identification Card
- United States Department of State issued:
 - * Visa
 - *Border Crossing Card (BCC) B1 for business or pleasure or B2 medical purposes)

GROUP B: Secondary Acceptable Identifications:

Please provide two (2) of Group B ID's

One document must contain the applicant's name, photograph and signature of the applicant

- Current student identification
- Any Primary Identification not current or that is expired
- Signed Social Security card, or Numident;
- DD Form 214 Certificate of Release;
- Medicaid card; 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 U.S. 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;
- Foreign Identification with identifiable photo of applicant (including El Salvador consular certification, El Salvadoran Unique Identity Card [DUI], and Honduran consular certification

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, photograph and signature of the applicant. Note: This list of items consists of other records or documents that aid in establishing the identity of the applicant.

- Recent utility bill or cellphone bill with current address
- Recent Paycheck stub
- Public assistance applications or letters
- Any Secondary Acceptable ID from Group B that is expired
- Signed valid voter's registration card
- Police report of stolen identification
- Official school transcript
- Bank account statement
- Social Security letter
- Marriage License or Divorce Decree
- Certified birth certificate from a state other than Texas, District of Columbia or other country
- Automobile insurance card or contract
- Automobile title or registration
- Lease agreement
- Promissory note or loan contract
- Court Order
- Property title or lien
- Fishing or Hunting License
- Library Card
- Recent Medical Records or bills
- Religious records with signature of religious official
- Federal, state or local tax records U.S. Dept. of Homeland Security Notice or correspondence
- Recent Rent receipt with name and address



BIRTH OR DEATH CERTIFICATE APPLICATION
SOLICITUD PARA ACTA DE NACIMIENTO O DEFUNCION

Vital Statistics
221 S 15th Street
McAllen, Texas 78501
(956) 681-1195

[] Birth Certificates/Acta de Nacimiento

[] Death Certificates/Acta de Defunción

- [] Certified Copy/Copia Certificada \$23.00
[] Abstract/Resumen \$23.00
[] Plastic/Protector \$3.00
[] Mail Request Priority Service processed within 2-3 business days \$12.00
Servicio de prioridad procesado dentro de 2-3 días hábiles

- [] Certified Copy/Copia Certificada \$21.00
[] Additional Copies /Copias Adicionales \$4.00
[] Plastic/Protector \$3.00
[] Mail Request Priority Service processed within 2-3 business days \$12.00
Servicio de prioridad procesado dentro de 2-3 días hábiles

A valid and current identification is required with supporting documentation if needed/se requiere una identificación válida y actual con documentación adicionales, si es necesario
Payments made with a credit/debit card a fee of \$2.75 is charged/Pagos con tarjetas de crédito/debito hay un cargo de \$2.75.

Birth or Death Information (Información sobre la acta de nacimiento o defunción)

Full name on record: _____ Sex: [] Male (Masculine)
Nombre completo en el acta: _____ Sexo: [] Female (Femenino)
Date of Birth/Death _____ City of Birth/Death: _____
Fecha de Nacimiento/Defunción: _____ Ciudad de Nacimiento/Defunción: _____
Month/Mes Day/Día Year/Año
Full name of Parent 1: Nombre completo del padre o madre/apellido de soltera
Full name of Parent 2: Nombre completo del padre o madre/apellido de soltera

Purpose for obtaining this record: [] School/Escuela [] Drivers License/Licencia de Conducir [] Passport/Pasaporte
Razón para obtener el acta: [] Insurance/Seguro [] Legal Purposes/Tramite [] Other/Otro _____

For any search where the record is not found, the search fee is nonrefundable or transferable.
Para cualquier búsqueda de los archivos cuando el registro no se encuentra la tarifa no es reembolsable ni transferible.

Your Information (Su Información)

Your Full Name: _____ Your Phone No: Su
Su nombre Completo: _____ No de Teléfono: _____
Your Current Physical Address: _____
Su Dirección Física: _____ Street address/Calle City/Ciudad State/Estado Zip Code/Código Postal
Your relationship to person named on certificate / su relación la persona en la acta: [] Self [] Parent/Madre-Padre
[] Grandparents/Abuelo-Abuela [] Spouse/Esposo-Esposa [] Son or Daughter/Hijo-Hija [] Funeral Home-Director/Funeraria-Director
[] Brother-Sister/Hermano-Hermana [] Legal Guardian/Guarda Legal
Your email address/tu correo electrónico: _____

Only mail applications must be notarized/Solo las solicitudes por correo deben estar notariadas

Affidavit-Notary Section (Declaración Jurada de Notario)

Mail Requests:
Money Orders Only
City of McAllen
221 S 15th Street
McAllen, Texas 78501

Solicitudes por correo:
Giros postales solamente
City of McAllen
221 S 15th Street
McAllen, Texas 78501

State of _____ County of _____

This instrument was acknowledged before me on _____ Date

By _____ Applicants printed name

Type & Number of identification provided _____

Notary Public's Signature

Seal

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. 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))
ADVERTENCIA: La sanción por hacer una declaración falsa a sabiendas en este formulario puede ser de 2 a 10 años de prisión y una multa de hasta \$ 10,000. Una persona comete un delito si la persona, intencionalmente o con conocimiento, hace una declaración falsa o le indica a otra persona que haga una declaración falsa en una solicitud de copia certificada de los registros vitales. (HSC 195.003(a-4))

Signature of Applicant: _____ Date Signed: _____

Applications without signatures or identifications will NOT be accepted for processing/Solicitudes sin firmas o identificaciones NO serán aceptadas para procesar.

Certificate No _____ Issued By _____ Vol _____ Page _____