

OFFICE USE ONLY  
Date:



CITY OF MCALLEN VITAL STATISTICS  
221 SOUTH 15th STREET  
MCALLEN, TEXAS 78501  
(956) 681-1195

OFFICE USE ONLY  
Cert #:  
By

MAIL APPLICATION FOR BIRTH AND DEATH RECORD

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.

Make money orders payable to: City of McAllen - Vital Statistics. For any search of the files where a record is not found, the searching fee is not refundable or transferable.

| Birth Certificates                                     |        |              |       | Death Certificates                                    |        |              |       |
|--|--------|--------------|-------|---|--------|--------------|-------|
| Type   | Cost X | # of copies= | Total | Type  | Cost X | # of copies= | Total |
| Certified Copy Long Form <input type="checkbox"/>      | \$23   |              |       | Certified Copy (1 copy)                               | \$21   |              |       |
|  |        |              |       | Additional Copies                                     | \$4    |              |       |
| <b>Total (Money order payable to City of McAllen )</b> |        |              |       | <b>Total (Money Order payable to City of McAllen)</b> |        |              |       |

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)

|                               |              |             |                       |
|-------------------------------|--------------|-------------|-----------------------|
| Full Name of Person on Record | First Name   | Middle Name | Last Name             |
| Date of Birth/Death           | Month        | Day         | Year                  |
| Place of Birth/Death          | City or Town | County      | State                 |
| Full Name of Parent 1         | First Name   | Middle Name | Maiden Name/Last Name |
| Full Name of Parent 2         | First Name   | Middle Name | Maiden Name/Last Name |

APPLICANT INFORMATION (Part II)

|  |                                    |                |
|--|------------------------------------|----------------|
| Applicant Name   | Telephone #                        | Email Address  |
| Full Mailing Address   | Street Address                     | City State Zip |
| Relationship to person listed above  | Purpose for obtaining this record: |                |
| <input type="checkbox"/> I authorize mailing to the address below. I have verified that the address below will receive my order. |                                    |                |
| Name of Person Receiving Copies, if Different from Applicant   |                                    |                |
| Mailing Address for Copies, if Different from Applicant  |                                    |                |
| City   | State                              | Zip            |

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III)

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ Before me on this day appeared \_\_\_\_\_ (Applicant name)  
 now residing at \_\_\_\_\_ (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State)  
 who is related to the person named on Part I as \_\_\_\_\_ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.  
 The applicant presented the following type and number of identification: \_\_\_\_\_  
 Applicant Signature \_\_\_\_\_  
 (Seal) Sworn to and subscribed before me, this \_\_\_\_ day of \_\_\_\_, 20 \_\_\_\_.  
 Signature of Notary Public and Notary ID Number \_\_\_\_\_  
 Typed or Printed Name: \_\_\_\_\_  
 Commission Expires: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003.)

MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO:  
City of McAllen Vital Statistics  
221 SOUTH 15th STREET McAllen, TX 78501

EACH APPLICANT MUST PRESENT A VALID PRIMARY FORM OF IDENTIFICATION

**QUALIFIED APPLICANT REQUIREMENTS**

**\*All documents proving qualified applicant must be copies from original documents\***

If you are the:

Parent: Picture ID - Must be listed on record

Self: Picture ID

Son/Daughter: Your birth certificate

Grandparent: Your son/daughter's birth certificate

Spouse: Marriage License

Brother/Sister: Your birth certificate

Legal Guardian: Certified court order

Attorney: Certified document to verify legal interest

**Identification Requirements – No Identification May Be Expired More than 90 Days**

**GROUP A: Primary Acceptable Identification:**

- Current Valid Driver's License;
- Federal or State Identification card
- Federal, State or City law enforcement employment identification card, or employment badge accompanied by employment identification card;
- Offender Identification card issued by the 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 (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 applicants name and signature and or an identifiable photo of the applicant**

- Current student identification (must show current year);
- Any Primary Identification that is expired (not more than 90 days);
- 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 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; or
- Foreign Identification with identifiable photo of applicant

**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 and signature and/or an identifiable photo of the applicant. Note: This list of items consists of other records or documents that aid in establishing the identity of the applicant. \*Current\* (documents may not be older than 60 days)**

- Recent utility bill with current address (must be current, show the same address and name of the applicant)
- Recent Paycheck stub (must show applicant's name, company name and current address)
- Public assistance applications or letter (must be current and show applicant's name and address)
- Signed valid voter's registration card (must be current and show your current address and name of applicant)
- Police report of stolen identification (must show applicant's name, address and date filed)
- Official school transcript (sealed - must be certified with official seal)
- Bank account statement (must be a current statement showing applicant's name and address)
- Social Security Letter (must show applicant's name and address)
- Marriage License or Divorce Decree (original or certified copy)
- Certified birth certificate from a state other than Texas, District of Columbia or other country
- Automobile insurance card or contract (must show applicant's name and be current and valid)
- Automobile title or registration (must show applicant's name)
- Current lease agreement with name, address and signature
- Loan or installment payment contract; Promissory notes or loan contracts
- Court Order (must show applicant's name)
- Property or Automobile titles or liens (must show applicant's name and address)
- Fishing or Hunting License; Library Card (must show applicant's name)
- Recent Medical Records and bills (must show applicant's name and address)
- Religious records with signature of religious official
- Expired Secondary Document (no more than 90 days expired)
- Recent Rent receipt (computer statement with landlord's and applicant's name and address)
- Recent cell phone bill or contract (must show applicant's name and address)
- Federal, state or local tax records (current tax return with name, address and signature of applicant)
- Dept. of Homeland Security Notices or correspondence