

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		
Total (Money order payable to City of McAllen)				Total (Money Order payable to City of McAllen)			

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