



City of McAllen McALLEN DEATH CERTIFICATE APPLICATION
VITAL STATISTICS

221 S. 15th

VOIDS _____ Copy/ies # _____

McAllen Texas 78501 (956) 681-1195 Date _____

Please complete all questions and sign application

Name of Deceased: _____

Date of Death: _____
Month / Day / Year

Place of Death: _____
(WE CAN ONLY ISSUE IF PERSON DIED IN McALLEN) Please indicate Hospital Name, Nursing Home, or Home

Full Name of Father: _____

Full Maiden Name of Mother: _____

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

- { } Spouse - must be listed on certificate as such (Current picture ID* required)
{ } Parent - must be listed on certificate (Current picture ID* required)
{ } Son/Daughter - (Current picture ID* AND certified birth certificate (not a copy) required)
{ } Brother/Sister - (Current picture ID* AND certified birth certificate (not a copy) required)
{ } Funeral Director - (Only at the time of filing *)
{ } Informant - (Current picture ID* required)

Only those listed above are qualified applicants

The fee is \$21.00 for the first copy and \$4.00 for each additional copy after the first each time they are requested.

How many copies are you requesting in total? _____

NOTE: A SEARCHING FEE OF \$21.00 WILL BE CHARGED IF NO RECORD IS FOUND.

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: *add'l documentation may be required

Name: _____

Current Physical Address: _____

City/State: _____

Phone Number: _____

Your Date of Birth: _____

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. REV. 09/2015