

Application for a Birth or Death Record



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

Birth Certificates/Acta de Nacimiento

Death Certificates/Acta de Defuncion

- Certified Copy/Copia Certificada \$23.00
- Abstract/Resumen \$23.00
- Plastic/Protector \$3.00
- Mail Request Priority Service / Servicio de prioridad procesado \$12.00 \*

- Certified Copy/Copia Certificada \$21.00
- Additional Copies /Copias Adicionales \$4.00 \_\_\_\_\_
- Plastic/Protector \$3.00
- Mail Request Priority Service / Servicio de prioridad procesado \$12.00 \*

PLEASE PRINT CLEARLY-CROSS OUT OR WHITE OUT WILL NOT BE ACCEPTED  
POR FAVOR ESCRIBA CLARAMENTE. NO SE ACEPTARÁN TACHAR O BLANQUEAR.

Birth or Death Information (Informacion sobre la acta de nacimiento o defuncion)

Full name on record: \_\_\_\_\_ Sex:  Male (Masculino)  
Nombre completo en la acta: \_\_\_\_\_ Sexo:  Female (Femenino)

Date of Birth/Death: \_\_\_\_\_ City of Birth/Death: \_\_\_\_\_  
Fecha de Nacimiento/Defuncion: \_\_\_\_\_ Ciudad de Nacimiento/Defuncion: \_\_\_\_\_  
Month/Mes Day/Día Year/Año

Full maiden name of Parent / Nombre soletro(a) del padre/madre \_\_\_\_\_  
Full maiden name of Parent / Nombre soletro(a) del padre/madre \_\_\_\_\_

Purpose for obtaining this record / Razon para obtener el acta:  Drivers License/Licencia de Conducir  School/Escuela  
 Passport/Pasaporte  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 busqueda de los archivos cuando el registro no se encuentra la tarifa no es reembolsable ni transferible.**

Your Information (Su Informacion)

Your Full Name: \_\_\_\_\_ Your Phone No: \_\_\_\_\_  
Su nombre Completo: \_\_\_\_\_ Su No de Telefono: \_\_\_\_\_

Your Current Physical Address: \_\_\_\_\_  
Su Direccion Fisica: \_\_\_\_\_  
Street address/Calle City/Ciudad State/Estado ZipCode/Codigo Postal

Your relationship to person named on certificate / su relacion a la persona en la acta:  Self/Yo mismo  
 Parent/Madre-Padre  Spouse/Esposo-Esposa  Legal Guardian/Guarda Legal  
 Grandparents/Abuelo-Abuela  Son or Daughter/Hijo-Hija  Other/Otro \_\_\_\_\_  
 Brother-Sister/Hermano-Hermana  Informant/Informante  Funeral Home-Director/Funeraria-Director

Your email address/tu correo electronico: \_\_\_\_\_

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

Your signature / Su firma \_\_\_\_\_ Date/Fecha: \_\_\_\_\_

Payments made with a credit/debit card a fee of \$2.75 is charged/Pagos con tarjetas de credito/debito hay un cargo de \$2.75.  
Check and card holder must be present with their identification/El titular del cheque y de la tarjeta debe estar presente con su identificación

**Only Mail-in Application need to be notarized / Solamente la solicitud por correo debe ser notariada**

Affidavit-Notary Section / Declaración Jurada Notario

Mail Requests to: STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_  
Money Orders Only  
City of McAllen  
221 S 15th Street  
McAllen, Texas 78501

This instrument was acknowledged before me on \_\_\_\_\_ (Date)

By \_\_\_\_\_  
(Printed Name of applicant acknowledging)

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

(Notary Public's Signature) \_\_\_\_\_

(Personalized Seal)

**WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR 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.)**  
**ADVERTENCIA: ES UN DELITO GRAVE FALSIFICAR INFORMACIÓN EN ESTE DOCUMENTO. LA PENA POR DAR INTENCIONALMENTE INFORMACIÓN FALSA EN ESTE FORMULARIO O FIRMAR UN FORMULARIO QUE CONTENGA INFORMACIÓN FALSA ES DE 2 A 10 AÑOS DE PRISIÓN Y UNA MULTA DE HASTA 10,000 DÓLARES (CÓDIGO DE SALUD Y SEGURIDAD DE TEXAS, CAPÍTULO 195, SECCIÓN 195.003)**

office use only  
Certificate No: \_\_\_\_\_ Issued By \_\_\_\_\_ Vol \_\_\_\_\_ Page \_\_\_\_\_

# Qualified Applicant Requirements

## EACH APPLICANT MUST PRESENT A VALID AND CURRENT FORM OF IDENTIFICATION WITH IDENTIFIABLE PHOTO

All documents proving qualified applicant status must be original documents; copies are not accepted - Records will only be handed to the applicant  
Processing times are subject to change with an increased volume of customer applications.

Mail In Orders: Processed and mailed 4-6 weeks after receipt of the request

\*Mail Request Priority Service: \$12.00 processed and mailed 2-3 business days after receipt of request

### YOUR RELATIONSHIP TO THE PERSON ON THE RECORD:

**Parent:** Must be listed on record

**Son/Daughter:** your original birth certificate

**Spouse:** Birth certificate- your 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 record

### 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

\*Recent Rent receipt with name and address

\*Federal, state or local tax records or U.S. Dept of Homeland Security Notice or correspondence

\*Religious records with signature of religious official