



City of McAllen Vital Statistics

Application for a Birth or Death Certificate

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

EACH APPLICANT MUST PRESENT A VALID AND CURRENT FORM OF IDENTIFICATION WITH IDENTIFIABLE PHOTO
BLUE OR BLACK INK ONLY

Birth Certificate/Acta de Nacimiento \$23.00

Death Certificate/Acta de Defuncion \$21.00

- Long Form Birth Certificate \$23.00
- Abstract / Resumen (born in Texas but not McAllen) \$23.00
- Plastic/Protector \$3.00
- Search Fee / Tarifa de Busqueda \$23.00
- *Mail - Priority Service / Correo Servicio Prioritario \$12.00

- Long Form Death Certificate \$21.00
- Additional Copies/ Copias Adicionales \$4.00
- Plastic/Protector \$3.00
- Search Fee / Tarifa de Busqueda \$21.00
- *Mail - Priority Service / Correo Servicio Prioritario \$12.00

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

PART I - Identify Certificate Information - Full name of Person on Record (Informacion sobre la acta de nacimiento o defuncion)

Full name on record: _____ Sex/Sexo: _____
 Nombre completo en la acta: _____ Female/Femenino
 Date of Birth/Death _____ Male/Masculino
 Fecha de Nacimiento/Defuncion: _____
 City of Birth/Death: _____
 Ciudad de Nacimiento/Defuncion: _____
 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: _____

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.

PART II - 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: _____
 your email address / tu correo electronico: _____

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

Your signature / Su firma _____ Date/Fecha: _____

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

PART III - Affidavit-Notary Section / Declaración Jurada Notario

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

Mailed 3-4 weeks after receipt of the request - Enviadas por correo entre 3 y 4 semanas despues de recibir la solicitud.

*Priority Service \$12.00 additional fee: Processed & mailed within 2-3 business days. Money Order or Cashiers Check only.

*Servicio Prioritario Tarifa adicional de \$12.00: Procesado y enviado por correo dentro de 2 a 3 dias habiles. Giro postal o cheque de caja unicamente.

STATE OF _____ Notary Public Printer Name _____
 COUNTY OF _____ Signature of Notary: _____
 This instrument was acknowledged before me on _____ (Date) _____ Notary ID number: _____ Commission Expires _____
 By _____
 (printed name of applicant acknowledging)

Seal

Mail Requests to / Solicitudes por correo a:
City of McAllen Vital Statistics
221 S. 15th Street
McAllen, Texas 78501

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 _____

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

Processing times are subject to change with an increased volume of customer applications. Records will only be handed to the applicant.

In person - all documents proving qualified applicant status must be original documents.

Failure to provide information requested on this form may result in significant processing delays or denial of your application..

Los tiempos de procesamiento están sujetos a cambios con un mayor volumen de solicitudes de clientes. Los registros sólo se entregarán al solicitante.

En persona: todos los documentos que demuestren la condición de solicitante calificado deben ser documentos originales.

No proporcionar la información solicitada en este formulario puede provocar retrasos importantes en el procesamiento o el rechazo de su solicitud.

YOUR RELATIONSHIP TO THE PERSON ON THE RECORD:

Self: Person named on birth record

Parent: Parent listed on record

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; documentation showing tangible interest

Grandparent: Must show your son/daughter's original birth certificate for proof of relationship

Brother/Sister: Must show your original birth certificate

Legal Guardian: Must show certified court order granting managing conservator / conservatorship

Attorney: Must show certified document establishing legal interest

Funeral Home/Director: Must be listed on death certificate

Vital Statistics accepts the following form(s) of identification:

- Provide ONE (1) from GROUP A; OR
- If you do not have one from Group A, provide TWO (2) from GROUP B; OR
- If you do not have one from Group A or two from Group B, provide ONE (1) from GROUP B and TWO (2) from GROUP C

GROUP A: Primary Acceptable Identification:

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

- Driver's License
- Federal or State Identification card
- Law enforcement employment ID (Federal or State or City)
- 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 (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 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 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 [DU], 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 ID
- 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
- *Loan or installment payment contract
- *Library Card
- *Fishing or Hunting License
- *Recent Medical Records or bills
- *Recent Rent receipt with name and address
- *Federal, state or local tax records
- *U.S. Dept of Homeland Security Notice or correspondence
- *Religious records with signature of religious official