

City of McAllen
VITAL STATISTICS

McALLEN DEATH CERTIFICATE APPLICATION

PO BOX 220 (956) 681-1195
McAllen Texas 78505

VOIDS _____ Copy/ies # _____

Date _____

Please complete all questions and sign application

Name of Deceased: _____

Date of Death: _____ Sex { } Male { } Female
Month / Day / Year

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

Full Name of Father: _____

Full Maiden Name of Mother: _____

Applicant's (your) Information (Your relationship to the person whose certificate you want. Check one.)

- Spouse (Must be listed on certificate as such)
- Parent (Government issued valid picture ID REQUIRED (not expired), must be listed on certificate)
- Son/Daughter (Government issued picture ID required (not expired) and certified birth certificate (not a copy))
- Brother/Sister (Current government issued picture ID and your own birth certificate for relationship verification)
- Funeral Director (Must be affiliated with funeral home who handled the service)
- Informant (Current government issued picture ID required)
- Executor (Proof required: Certified court order naming you as such and current Government issued identification)
- Attorney (Proof required: (Certified copy of a court issued document that establishes legal interest))

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? _____

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):

- U.S. License State Issued I.D. U.S. Passport Resident Alien Border Crosser Matricula Consular

Name: _____

Current Physical Address: _____

City/State: _____

Phone No: _____

Your Date of Birth on ID: _____

PLEASE FILL OUT THIS
PORTION WITH YOUR
INFORMATION

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: _____

NOTE: If you will be mailing in this application to us, you will need to attach a Xerox copy of your identification such one of those indicated above that is not expired along with a Money Order for our fee – we do not take personal checks for payment on mail requests, and a self-addressed envelope. For FED EX OR UPS ONLY please send application, copy of ID (and additional required copies as indicated above) and money order to 221 S. 15th, McAllen TX 78501. For Regular, Priority & Express Mail (U.S. Postal Service) send to P.O. Box 220 McAllen, Texas 78505. To mail requested document back to applicant in an express manner, a prepaid & self-addressed envelope is required. **No calling for pick-up will be done by our office to any shipping service.**