



City of McAllen Vital Statistics

Application for a Birth or Death Certificate / Solicitud de Acta de Nacimiento o Defunción

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

Birth Certificate / Acta de Nacimiento \$23.00

- Long Form / Formato largo \$23.00
- Abstract (Born in Texas) / Resumen (Nacido en Texas) \$23.00
- Plastic Protector / Protector Plastico \$3.00
- Search Fee / Tarifa de Búsqueda \$23.00
- *Mail-In Requests-Priority Service/Solicitudes por Correo-Servicio Prioritario \$12.00

Death Certificate / Acta de Defuncion \$21.00

- Death Certificate / Acta de Defuncion \$21.00
- Additional Copies / Copias Adicionales \$4.00 each
- Plastic Protector / Protector Plastico \$3.00
- Search Fee / Tarifa de Búsqueda \$21.00
- *Mail-In Requests-Priority Service/Solicitudes por Correo-Servicio Prioritario \$12.00

Use blue or black ink only / Utilice solo tinta azul or negra
Print clearly - forms with cross-outs or white out will not be accepted - Escriba claramente - no se aceptan tachaduras ni blanqueador

PART I - Certificate Information (Información del Certificado)

Name as it appears on the record / Nombre como aparece en el registro: _____

Date of Birth/Death - Fecha de Nacimiento/Defuncion:

Sex/Sexo:

City of Birth/Death - Ciudad de Nacimiento/Defuncion:

Month/Mes _____ Day/Dia _____ Year/Año _____

Female/Femenino Male/Masculino

First Name of Parent /Nombre del Padre 1 _____ Middle Name/Segundo Nombre _____ Maiden Last Name (before first marriage)/Apellido de soltera (antes del primer matrimonio) _____

First Name of Parent /Nombre del Padre 1 _____ Middle Name/Segundo Nombre _____ Maiden Last Name (before first marriage)/Apellido de soltera (antes del primer matrimonio) _____

Purpose for obtaining this record / Razon para solicitar el acta: _____

Search fees are non-refundable and non-transferable if no record is found. Las tarifas de búsqueda no son reembolsables ni transferibles si no se encuentra el registro

PART II - Your Information (Su Informacion)

Your Full Name:

Su nombre Completo: _____

Your Phone No:

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 con la persona nombrada en la acta: _____

Your email address / tu correo electronico: _____

Credit/debit card payments include a \$2.75 processing fee. A valid photo ID is required, and the cardholder or check issuer must be present to sign the receipt at the time of the transaction. Los pagos con tarjeta de crédito/débito incluyen un cargo de procesamiento de \$2.75. El titular de la tarjeta o el emisor del cheque debe estar presente con una identificación válida para firmar el recibo en el momento de la transacción.

Your signature / Su firma _____

Date / Fecha: _____

Applications without a signature and valid identification will NOT be accepted for processing/Las solicitudes sin firma y sin identificación válida NO serán aceptadas para su procesamiento.

PART III - Request online or by mail / Solicite en línea o por correo

Mail requests require a notarized affidavit. Mailed within 3-4 weeks after receiving the request.

Priority Service: Add \$12.00. Processed and mailed within 2-3 business days. Money order or cashier's check only.

Solicitudes por correo requieren una declaración jurada Notarizada. Enviadas por correo entre 3 y 4 semanas después de recibir la solicitud.
Servicio Prioritario: cargo adicional de \$12.00. Se procesa y envia dentro de 2 a 3 días hábiles. Pago únicamente con giro postal o cheque de caja.

STATE OF _____

Mail Requests to / Solicitudes por correo a:

COUNTY OF _____

City of McAllen Vital Statistics
221 S. 15th Street
McAllen, Texas 78501

Online: VitalChek QR Code

This instrument was acknowledged before me on _____ (Date)

By _____ (printed name of applicant)

Notary Public Printed Name _____

Signature of Notary: _____

Notary ID number: _____ Commission Expires _____

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 PENAL 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 _____

**APPLICANTS MUST PROVIDE A VALID, CURRENT AND ACCEPTABLE FORM OF PHOTO IDENTIFICATION.
LOS SOLICITANTES DEBEN PROPORCIONAR UNA FORMA DE IDENTIFICACION VALIDA, ACTUAL Y ACEPTABLE CON FOTO IDENTIFICABLE**

Processing times may vary depending on the volume of customer applications. Records will only be released directly to the applicant.

For in-person requests, all documents verifying applicant eligibility must be presented as original documents.

Failure to provide the required documentation may result in significant processing delays or denial of the application.

Los tiempos de procesamiento pueden variar según el volumen de solicitudes recibidas. Los registros sólo se entregarán directamente al solicitante.

Para solicitudes en persona, todos los documentos que acrediten la condición de solicitante calificado deben presentarse en su versión original.

No proporcionar la documentación requerida puede ocasionar retrasos importantes en el procesamiento o el rechazo de la solicitud.

YOUR RELATIONSHIP TO THE PERSON ON THE RECORD:

Self: You are the individual named on the birth record.

Parent: You are a parent named on the record.

Child: You must provide your original birth certificate showing the parent whose record you are requesting.

Spouse: For a birth certificate request: Submit your original marriage license indicating the spouse whose record you are requesting. For a death certificate request: your name must appear on the certificate as the surviving spouse, along with documentation proving tangible interest.

Grandparent: Provide your child's birth certificate showing the parent of the grandchild whose certificate you are requesting

Sibling: Provide your original birth certificate listing the shared parent with the sibling whose certificate you are requesting

Legal Guardian: Submit a certified court order granting you managing conservatorship of the person whose certificate you are requesting

Attorney: Provide legal documentation, such as a certified court order, establishing your legal interest in the person whose certificate you are requesting

Funeral Home/Director: Must be listed on the 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

At least one of the documents must contain the applicant's name, signature or identifiable photo of the applicant 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 [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 applicant's name, photograph or 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