

CITY OF HARLINGEN
VITAL STATISTICS
502 E. TYLER
HARLINGEN, TEXAS 78550
PHONE (956)216-5140

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

BIRTH

Requested
___ CERTIFIED COPIES X \$23.00
___ BIRTH CARDS X \$23.00
___ WITH PLASTIC POUCH \$1.00 EXTRA

OR

DEATH

Requested
___ CERTIFIED COPIES X \$21.00
___ EXTRA CERTIFIED COPIES X \$4.00
___ WITH PLASTIC POUCH \$1.00 EXTRA

PLEASE PRINT

1. NAME ON RECORD _____
FIRST MIDDLE LAST
2. DATE OF **BIRTH** OR **DEATH** _____ FEMALE _____ MALE _____
MONTH DAY YEAR
3. PLACE OF **BIRTH** OR **DEATH** _____
CITY
4. FATHER'S NAME _____
FIRST MIDDLE LAST
5. MOTHER'S NAME _____
FIRST MIDDLE (MAIDEN NAME ONLY)
6. APPLICANT'S NAME _____ 7. TELEPHONE# () _____
8. APPLICANT'S PHYSICAL ADDRESS _____
ADDRESS CITY STATE ZIP CODE
- MAILING ADDRESS _____
9. RELATION TO PERSON NAMED IN ITEM #1 _____
(SELF, FATHER, MOTHER, GRANDPARENTS, SISTER, BROTHER, SPOUSE, SON, DAUGHTER)
10. PURPOSE FOR OBTAINING THIS RECORD _____
(FOR EXAMPLE) SOCIAL SECURITY, MEDICAID, WELFARE, BAPTISM, SCHOOL, EMPLOYMENT, INSURANCE, IMMIGRATION

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 678, SEC. 195.003)

SIGNATURE OF APPLICANT _____ DATE _____

PHOTO I.D. IS REQUIRED

OFFICE USE ONLY

CERT.# _____
DATE FILED _____
FILM # _____
CARD # _____
CONTROL # _____ TO _____
REC # _____
BY _____