



**APPLICATION FOR BIRTH OR DEATH RECORD
(SOLICITUD PARA REGISTRO DE NACIMIENTO O ACTA DE DEFUNCION)**

BIRTH (NACIMIENTO)
<input type="checkbox"/> CERTIFIED COPY (COPIA CERTIFICADA) \$23.00
<input type="checkbox"/> CERTIFIED ABSTRACT (EXTRACTO CERTIFICADO) \$23.00
<input type="checkbox"/> PLASTIC (PLASTICO) \$1.00

DEATH (DEFUNCION)
<input type="checkbox"/> CERTIFIED COPY (COPIA CERTIFICADA) \$21.00
<input type="checkbox"/> ADDITIONAL CERTIFIED COPY (COPIA ADICIONAL) \$4.00
<input type="checkbox"/> PLASTIC (PLASTICO) \$1.00

1. COMPLETE NAME ON RECORD - First, Middle & Last Name (NOMBRE COMPLETO EN EL REGISTRO/ACTA) - Primero, Segundo y Apellido		
2. DATE OF BIRTH/DEATH (FECHA DE NACIMIENTO/DEFUNCION)	3. CITY OF BIRTH/DEATH (CIUDAD DE NACIMIENTO/DEFUNCION)	
4. FATHER'S COMPLETE NAME (NOMBRE COMPLETO DEL PADRE)	5a. MOTHER'S COMPLETE NAME (NOMBRE COMPLETO DE LA MADRE)	5b. MAIDEN NAME (APELLIDO DE SOLTERA)

APPLICANT'S INFORMATION #6-11/INFORMACION DEL APLICANTE #6-11

6. INDICATE YOUR RELATION TO ITEM #1 BY CHECKING THE BOX BELOW. YOUR VALID DRIVERS LICENSE OR GOVERNMENT ISSUED I.D. WILL BE REQUIRED ALONG WITH THE INFORMATION FROM THE MARKED BOX. #6. INDICA TU RELACION A LA PERSONA EN EL #1 MARCANDO EL CUADRO ABAJO. TU LICENSIA VIGENTE O IDENTIFICACION DE GOBIERNO SERA REQUERIDA JUNTO CON EL DOCUMENTO DEL CUADRO MARCADO. <u>MORE DOCUMENTATION MAY BE REQUESTED TO MEET THE DEPARTMENT'S NEED IN ESTABLISHING IDENTITY. (MAS DOCUMENTOS PUEDEN SER REQUERIDOS PARA SATISFASER LA NECESIDAD DEL DEPARTAMENTO EN EL ESTABLECIMIENTO DE LA IDENTIDAD.)</u>		
<input type="checkbox"/> PARENT (PADRE/MADRE) **Must be listed on record (Debes ser indicado en el registro)** <input type="checkbox"/> SELF (MISMO) <input type="checkbox"/> SON/DAUGHTER (HIJO/A) **Your birth certificate (Tu registro de nacimiento)** <input type="checkbox"/> GRANDPARENT (ABUELO/A) **Your son/daughter's birth certificate (Registro de nacimiento de tu hijo/a)** <input type="checkbox"/> SPOUSE (ESPOSO/A) **Marriage license (Licencia de matrimonio)** <input type="checkbox"/> BROTHER/SISTER (HERMANO/A) **Your birth certificate (Tu registro de nacimiento)** <input type="checkbox"/> LEGAL GUARDIAN (GUARDA LEGAL) **Certified court order (Orden de corte certificada)** <input type="checkbox"/> ATTORNEY (ABOGADO/A) **Certified document establishing legal interest (Documento certificado estableciendo interes legal)**		
7. YOUR COMPLETE NAME (TU NOMBRE COMPLETO)	8. YOUR RELATION TO #1 (TU PARENTESCO AL #1)	9. YOUR PHONE # (TU # DE TELEFONO)
10. YOUR PHYSICAL ADDRESS-STREET, CITY, STATE, ZIPCODE (TU DIRECCION FISICA - CALLE, CIUDAD, ESTADO, CODIGO POSTAL)		
11. YOUR PURPOSE FOR OBTAINING RECORD (TU PROPOSITO PARA EL REGISTRO/ACTA)		

WARNING! THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE UP TO \$10,000. A PERSON COMMITS AN OFFENSE IF THE PERSON INTENTIONALLY OR KNOWINGLY MAKES A FALSE STATEMENT OR DIRECTS ANOTHER PERSON TO MAKE A FALSE STATEMENT IN AN APPLICATION FOR A CERTIFIED COPY OF VITAL RECORDS. [HSC§195.003(a-4)]
ADVERTENCIA! LA PENA POR HACER UNA DECLARACION FALSA EN ESTA FORMA PUEDE SER 2-10 ANOS DE PRISION Y UNA MULTA DE HASTA \$10,000. UNA PERSONA COMETE UN DELITO SI LA PERSONA A SABIENDAS O INTENCIONALMENTE HACE UNA DECLARACION FALSA O DIRIGE A OTRA PERSONA HACER UNA DECLARACION FALSA EN UNA SOLICITUD DE UNA COPIA CERTIFICADA DE REGISTROS VITALES. [HSC§195.003(a-4)]

A \$23/\$21 SEARCH FEE APPLIES WHEN A RECORD IS NOT FOUND. SEARCH FEE IS NON REFUNDABLE OR TRANSFERABLE. (SE OBTENDRA UN COBRO DE \$23/\$21 CUANDO EL ARCHIVO NO SE ENCUENTRE. COBRO DE LA BUSQUEDA NO SE DEVUELVE Y NO ES TRANSFERIBLE.)

**YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND UNDERSTAND THE WARNING AND SEARCH FEE.
TU FIRMA ABAJO INDICA QUE AS LEIDO Y COMPRENDES LA ADVERTENCIA Y EL COBRO DE LA BUSQUEDA.**

 APPLICANT'S SIGNATURE (FIRMA DEL APLICANTE)

 DATE (FECHA)

FOR OFFICE USE ONLY (PARA USA DE OFICINIA)

Cert. # _____	Control # _____ to _____
Film # _____	Rec # _____
Abstract # _____	Issued by: _____

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE

FULL NAME OF PERSON ON RECORD	DATE OF BIRTH/DEATH
PLACE OF BIRTH/DEATH (City or County)	SEX
FULL NAME OF PARENT 1	FULL NAME OF PARENT 2

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.

NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

STATE OF _____

COUNTY OF _____

Before me on this day appeared _____ (Name)

now residing at _____ (Address) _____ (City) _____ (State)

who is related to the person named on Part I as _____ (Relationship) and who on oath deposes and

says that the contents of this affidavit are true and correct.

Signature _____

Sworn to and subscribed before me, this _____ day of _____, 20 _____.

(Seal)

	Signature of Notary Public
	Commission Expires
	Typed or Printed Name
	Street Address
	City, State and Zip

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR 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)

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

City of Harlingen
Vital Statistics
502 E. Tyler
Harlingen, Texas 78550

(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE		
FULL NAME OF PERSON ON RECORD NAME AS IT APPEARS ON BIRTH OR DEATH RECORD	DATE OF BIRTH/DEATH MONTH, DAY & YEAR OF EVENT	
PLACE OF BIRTH/DEATH (City or County) CITY OR COUNTY IN TEXAS	SEX MALE OR FEMALE	
FULL NAME OF PARENT 1 (if applicable) FATHER'S FIRST MIDDLE & LAST NAME	FULL NAME OF PARENT 2 (if applicable) MOTHER'S FIRST, MIDDLE & MAIDEN NAME	

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED
APPLICANT'S FIRST, MIDDLE & LAST NAME & RELATIONSHIP	TYPE OF VALID IDENTIFICATION PRESENTED AT TIME OF NOTARIZING ALONG WITH IDENTIFICATION NUMBER

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.
STATE OF <u>YOUR STATE</u>
COUNTY OF <u>YOUR COUNTY</u>
Before me on this day appeared <u>APPLICANT APPEARING BEFORE YOU THE NOTARY PUBLIC</u> <small>(Name)</small>
now residing at <u>APPLICANT'S CURRENT PHYSICAL ADDRESS - CITY - STATE</u> <small>(Address) (City) (State)</small>
who is related to the person named on Part I as <u>APPLICANT'S RELATIONSHIP TO PART I</u> <small>(Relationship)</small> and who on oath deposes and says that the contents of this affidavit are true and correct.
Signature <u>APPLICANT'S SIGNATURE</u>
Sworn to and subscribed before me, this <u>DAY</u> day of <u>MONTH</u> , 20 <u>YEAR</u> .

(Seal)
NOTARY PUBLIC SEAL AFFIXED HERE

Signature of Notary Public
NOTARY PUBLIC SIGNATURE
Commission Expires
COMMISSION EXPIRATION DATE
Typed or Printed Name
NOTARY PUBLIC PRINTED NAME
Street Address
NOTARY PUBLIC STREET ADDRESS
City, State and Zip
NOTARY PUBLIC CITY, STATE & ZIP

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