



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

BIRTH (NACIMIENTO)		DEATH (DEFUNCION)	
<input type="checkbox"/> CERTIFIED COPY (COPIA CERTIFICADA) \$23.00		<input type="checkbox"/> CERTIFIED COPY (COPIA CERTIFICADA) \$21.00	
<input type="checkbox"/> CERTIFIED ABSTRACT (EXTRACTO CERTIFICADO) \$23.00		<input type="checkbox"/> ADDITIONAL CERTIFIED COPY (COPIA ADICIONAL) \$4.00	
<input type="checkbox"/> PLASTIC (PLASTICO) \$1.00		<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 government issued I.D. will be required along with supporting documents. (INDICA TU RELACION A LA PERSONA EN EL #1 MARCANDO LA CASILLA DE ABAJO.) \*\*Tu identificacion vigente de gobierno sera requerida adjunto a documentos secundarios.

- PARENT (PADRE/MADRE) \*\*Must be listed on record (Debes ser indicado en el registro)\*\*
- SELF (MISMO)
- SON/DAUGHTER (HIJO/A) \*\*Your birth certificate (Tu registro de nacimiento)\*\*
- GRANDPARENT (ABUELO/A) \*\*Your son/daughter's birth certificate (Registro de nacimiento de tu hijo/a)\*\*
- SPOUSE (ESPOSO/A) \*\*Marriage license (Licencia de matrimonio)\*\*
- BROTHER/SISTER (HERMANO/A) \*\*Your birth certificate (Tu registro de nacimiento)\*\*
- LEGAL GUARDIAN (GUARDA LEGAL) \*\*Certified court order (Orden de corte certificada)\*\*
- ATTORNEY (ABOGADO/A) \*\*Certified document establishing legal interest (Documento certificado estableciendo interes legal)\*\*
- FUNERAL HOME/DIRECTOR (FUNERARIA/DIRECTOR) \*\*Must be listed on death certificate (Debes ser indicado en el acta de defuncion)\*\*

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. REASON FOR OBTAINING RECORD (RAZON PARA EL REGISTRO/ACTA)

**PENALTY**  
 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.)

SEARCH FEE (NON-REFUNDABLE) (TASA DE BUSQUEDA {NO REEMBOLSABLE})

BIRTH SEARCH FEE - \$23.00  
 TARIFA DE BUSQUEDA DE NACIMIENTO - \$23.00  
 DEATH SEARCH FEE - \$21.00  
 TARIFA DE BUSQUEDA DE DEFUNCION - \$21.00

Mail requests must be in money order form and payable to City of Harlingen Vital Statistics

Las solicitudes por correo deben ser en forma de giro postal y pagadas a City of Harlingen Vital Statistics

**AFFIDAVIT**

ONLY applications for birth or death certificates submitted by mail must be notarized. (SOLAMENTE aplicaciones enviadas por correo requieren ser notariadas.)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ (Date - MM/DD/YYYY)

by \_\_\_\_\_ (Applicant's printed name - must match item #7)

(SEAL)

(Type & Number of I.D. accepted when notarized)

(Notary Public's Signature & I.D. #)

I HAVE READ AND UNDERSTOOD THE WARNING AND SEARCH FEE. (E LEIDO Y COMPRENDO LA ADVERTENCIA Y LA TASA DE BUSQUEDA)

X \_\_\_\_\_ X \_\_\_\_\_  
 APPLICANT'S SIGNATURE (FIRMA DEL APLICANTE) DATE (FECHA)

**Applications submitted by mail without a valid government picture identification will not be processed! (Las solicitudes enviadas por correo sin una identificacion de gobierno valida con foto no seran procesadas!)**

Cert / Abst # \_\_\_\_\_ For office use only Control # \_\_\_\_\_ to \_\_\_\_\_  
 Film # \_\_\_\_\_ (Para uso de oficina) Rec # \_\_\_\_\_ By: \_\_\_\_\_