



# City Secretary Department

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For Online Requests: [www.vitalchek.com](http://www.vitalchek.com)

## APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

**APPLICANT  
APPLICANTE'**

1. FULL NAME OF PERSON ON CERTIFICATE: (NOMBRE DE PERSONA QUE APARECE EN CERTIFICADO) \_\_\_\_\_

2. DATE OF BIRTH (FECHA DE NACIMIENTO) \_\_\_\_\_ DATE OF DEATH (FECHA DE FALLECIMIENTO) \_\_\_\_\_

3. CITY OF BIRTH (CIUDAD DE NACIMIENTO) \_\_\_\_\_ CITY OF DEATH (CIUDAD DE FALLECIMIENTO) \_\_\_\_\_

4. FATHER'S COMPLETE NAME (NOMBRE COMPLETO DEL PADRE) \_\_\_\_\_

5. MOTHER'S FULL MAIDEN NAME (NOMBRE COMPLETO DE LA MADRE (SOLTERA) \_\_\_\_\_

6. REASON FOR OBTAINING THIS CERTIFICATE (LA RAZON PARA OBTENER ESTE CERTIFICADO) \_\_\_\_\_

7. OUR RELATIONSHIP TO PERSON ON CERTIFICATE:     SELF     MOTHER/FATHER     BROTHER/SISTER     OTHER \_\_\_\_\_

8. SU RELACION CON LA PERSONA DEL CERTIFICADO:     YO MISMO/A     MADRE/PADRE     HERMANO/A     OTRO \_\_\_\_\_

APPLICANT: (PERSON REQUESTING CERTIFICATE)    SOLICITANTE: (LA PERSONA SOLICITANDO EL ACTA)

NAME: (NOMBRE) \_\_\_\_\_

ADDRESS: (DOMICILIO) \_\_\_\_\_

CITY: (CIUDAD) \_\_\_\_\_

STATE: (ESTADO) \_\_\_\_\_ ZIP CODE: (CODIGO POSTAL) \_\_\_\_\_

TELEPHONE NO: (\_\_\_\_\_) \_\_\_\_\_

**DISCLOSURE:**

I understand that should the certificate not be accessible, filed in the City's/State's records, or if insufficient documentation is provided for processing, but a search is done for the record, the fee will not be refunded.

**DIVULGACION:**

Yo comprendo que deber el certificado no ser accesible, archivado en la Ciudad/Estado, o si la documentacion insuficiente se prove que procese, pero una busqueda se a hecho para el registro, el costo no se reembolsara.

SIGNATURE: (FIRMA) \_\_\_\_\_

DATE: (FECHA) \_\_\_\_\_

Certificate Reviewed by Applicant / Solicitante Reviso` el Certificado X

Initials / Iniciales

**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)**

**TX BOARD OF HEALTH: TX ADM. CODE 181.1: PROPERLY QUALIFIED APPLICANT: REGISTRANT, FAMILY MEMBER OR LEGAL REP.**

**FOR OFFICE USE ONLY  
USO DE OFICINA SOLAMENTE**

Edinburg Births Only:	Edinburg Deaths Only:	Non-Edinburg (Hidalgo County & Statewide)
___ Birth Certificate \$23.00 = ___ (Wallet Size Card)	___ Death Certificate \$21.00 _____ ___ Extra Copies (ea.) \$4.00 _____ <b>Total \$ _____</b>	___ Birth Certificate \$23.00 = ___ (Wallet Size Card)
___ Birth Certificate \$23.00 = ___ (Full Page)	<b>Vitalchek Orders:</b> ___ Regular Mail    ___ Fed Express	___ Birth Certificate \$23.00 = ___ (Half Page)
<b>TOTAL \$ _____</b>	<b>Credit Card Processing Fee \$10.00</b>	<b>TOTAL \$ _____</b>

DATE ISSUED: \_\_\_\_\_

ISSUED BY: \_\_\_\_\_

CARD \_\_\_\_\_

CERT \_\_\_\_\_

OTHER \_\_\_\_\_