City Secretary Department
415 W. University / P.O. Box 1079
Edinburg, Texas 78541
(956) 388-8204-8205
E-mail Addresses: vitalbc@ci.edinburg.tx.us
For Online Requests: www.vitalchek.com

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

APPLICANT
APPLICANTE

FULL NAME OF PERSON ON CERTIFICATE: (NOMBRE DE LA PERSONA QUE APARECE EN EL CERTIFICADO) _____

DATE OF BIRTH (FECHA DE NACIMIENTO) _____ DATE OF DEATH (FECHA DE FALLECIMIENTO) _____

PLACE OF BIRTH (LUGAR DE NACIEMIENTO) _____ PLACE OF DEATH (LUGAR DE FALLECIMIENTO) _____

FATHER'S NAME (NOMBRE DEL PADRE) _____

MOTHER'S MAIDEN NAME (NOMBRE DE LA MADRE (SOLTERA) _____

REASON FOR OBTAINING THIS CERTIFICATE (LA RAZON PARA OBTENER ESTE CERTIFICADO) _____

YOUR RELATIONSHIP TO PERSON ON CERTIFICATE: □ SELF □ MOTHER/FATHER □ BROTHER/SISTER □ OTHER _____

SU RELACION CON LA PERSONA DEL CERTIFICADO: □ YO MISMO/A □ MADRE/PADRE □ HERMANO/A □ OTRO _____

_____

APPLICANT: (PERSON REQUESTING CERTIFICATE) SOLICITANTE: (LA PERSONA SOLICITANDO ACTA DE NACIMIENTO O FALLECIMIENTO)

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 accessible, archivado en la Cuidad/Estado, o si la documientacion 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 KNOWLINGLY 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

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 _____ **Total** $_____	___ Birth Certificate $23.00 = _____ (Wallet Size Card)
___ Birth Certificate $23.00 = _____ (Full Page)	**Vitalchek Orders:** ___ Regular Mail ___ Fed Express **Credit Card Processing Fee $10.00**	___ Birth Certificate $23.00 = _____ (Half Page) **TOTAL $_____**

DATE ISSUED: _____ ISSUED BY: _____ _____

CARD _____
CERT _____
OTHER _____

Updated 06-21-2010