

City Secretary Department

Vital Statistics

415 W. University Dr. / P.O. Box 1079

Edinburg, Texas 78540

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Online Request: www.vitalchek.com



TEXAS BOARD OF HEALTH: TEXAS ADM. CODE 181.11: PROPERLY QUALIFIED APPLICANT: THE REGISTRANT OR IMMEDIATE FAMILY MEMBER EITHER BY BLOOD, MARRIAGE OR ADOPTION; HIS OR HER GUARDIAN, OR HIS OR HER LEGAL AGENT OR REPRESENTATIVE [25 TAC§181.1(22)]

BIRTH / DEATH RECORD INFORMATION

FULL NAME OF PERSON ON RECORD: _____

DATE OF BIRTH: _____

DATE OF DEATH: _____

CITY OF BIRTH: _____

CITY OF DEATH: _____

FULL NAME OF MOTHER / FATHER #1: _____

FULL NAME OF MOTHER / FATHER #2: _____

REASON / PURPOSE FOR OBTAINING THIS CERTIFICATE: (Please Circle): Newborn School Employment Passport Baptism Immigration

Other (Specify): _____

APPLICANT INFORMATION

YOUR RELATIONSHIP TO PERSON ON CERTIFICATE: SELF PARENT SIBLING OTHER: _____

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

TELEPHONE #: (_____) _____

WARNING: THE PENALTY FOR KNOWING MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2 - 10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. A PERSON COMMITS AN OFFENSE IF THE PERSON INTENTIONALLY OR KNOWING MAKE A FALSE STATEMENT OF DIRECTS ANOTHER PERSON TO MAKE A FALSE STATEMENT IN AN APPLICATION FOR A CERTIFIED COPY OF VITAL RECORDS. {HSC§195.003}

SIGNATURE: _____

DATE: _____

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 SEARCH FEE WILL NOT BE REFUNDED.

INITIALS REQUIRED AFTER CERTIFICATE IS REVIEWED X _____

FOR OFFICE USE ONLY

BIRTH CERTIFICATES:

____ BIRTH CERTIFICATE \$23.00
(HALF PAGE - STATEWIDE)

____ BIRTH CERTIFICATE \$23.00
(LETTER SIZE - EDINBURG ONLY)

____ BIRTH CERTIFICATE \$23.00
(FULL PAGE W/ AMENDMENTS ONLY)

TOTAL \$ _____

(Total fees include Preservation Fee)

DEATH CERTIFICATES:

(EDINBURG DEATH ONLY)

____ DEATH CERTIFICATE \$21.00

____ EXTRA COPIES \$4.00

TOTAL \$ _____

(Total fees include Preservation Fee)

CERT: _____

ABSTRACT: _____

DATE ISSUED: _____

ISSUED BY: _____