



City of Pharr Vital Statistics
118 S. Cage Blvd / P.O. Box 1729
Pharr, Texas 78577

Phone (956) 402-4000 www.pharr-tx.gov

MAIL APPLICATION FOR BIRTH AND DEATH RECORDS

Office Use Only
 Cert#
 By:
 Date Mailed: _____

Birth Certificates				Death Certificates			
Type	Cost	# of copies	Total	Type	Cost	# of copies	Total
Certified Copy Long Form <input type="checkbox"/>	\$22.00			Certified Copy (1copy)	\$20.00	1	\$20.00
Plastic Pouch Protector <input type="checkbox"/>	\$2.00			Additional Copies	\$3.00		
Total (Money order payable to City of Pharr)				Total (Money Order payable to City of Pharr)			

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (PART I)

Full Name of Person on Record	First Name	Middle Name	Last Name
Date of Birth/ Death	Month	Day	Year
Place of Birth/Death	(Only) Pharr	County Hidalgo	State Texas
Full Name of Parent 1	First Name	Middle Name	Last Name
Full Name of Parent 2	First Name	Middle Name	Last Name

Applicant Information (Part II)

Applicant Name	Telephone #	Email Address
Full Mailing Address	Street Address	City State Zip
Relation to person listed above	Purpose for obtaining this record	
<input type="checkbox"/> I authorized mailing to the address below, I have verified that the address below will receive my order.		
Name of Person Receiving Copies, if Different from Applicant		
Mailing Address for Copies, If Different from Applicant		
City	State	Zip

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC (Part III))

STATE OF _____ COUNTY OF _____ Before me on this day appeared _____
 (Applicant's Name)

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

Who is related to the person named on Part I as _____ and who on oath deposes and says that the contents of this affidavit are true and correct.
 (Relationship)

The Applicant presented the following type and number of identification _____

Applicant Signature _____

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

Signature of Notary Public and Notary ID Number _____

(Seal) Typed or Printed Name: _____

Commission Expires: _____

Street Address: _____

City, State, 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.
 REV. 07/2022

PLEASE INCLUDE PHOTOCOPY OF YOUR IDENTIFICATION ALONG WITH A MONEY ORDER PAYABLE TO:
City of Pharr Vital Statistics
118 S. Cage Blvd / P.O. Box 1729, Pharr, Texas 78577

Full list of

Acceptable Identification

Vital Statistics accepts the following form(s) of identification:

- Provide ONE (1) from GROUP A; OR
- If you do not have one from Group A, provide TWO (2) from GROUP B; OR
- If you do not have one from Group A or two from Group B, provide ONE (1) from GROUP B and TWO (2) from GROUP C.

Group A – PRIMARY ACCEPTABLE ID

Please provide ONE (1) from GROUP A:

- Driver's license
- Federal or state ID
- Military ID
- U.S. passport
- License to Carry a Handgun
- Pilot's license
- Law enforcement employment ID (federal, state, or city)
- Offender ID issued by the Texas Dept. of Criminal Justice or an ID from a federal or U.S. state correctional facility or institution
- Dept. of Homeland Security, United States Citizenship and Immigration Services (USCIS) issued:
 - Employment Authorization Document (EAD)
 - Permanent Resident Card (Green Card)
 - Travel Documents:
 - Re-entry permit
 - Refugee travel document
 - Advance parole

Group A, continued.

- SENTRI card
- U.S. citizen ID
- U.S. Dept. of State issued:
 - Border Crossing Card (BCC) - B1 for business or pleasure or B2 medical purposes
 - Visa

Group B – SECONDARY ID

If you do not have one from Group A, please provide TWO (2) from GROUP B:

- Current student ID
- Any Primary Acceptable ID from Group A that is expired
- Signed Social Security card or Numident
- DD Form 214 Certificate of Release
- Medicaid or Medicare card
- Veterans Affairs card
- Medical insurance card
- Foreign passport accompanied by a visa issued by the U.S. Dept. of State
- Foreign passport in accordance with the U.S. Dept. of State, Visa Waiver Program
- Certified birth certificate from the U.S. Dept. of State (FS-240, DS-1350, or FS-545)
- Private company employment ID
- Form I-94 - accompanied by the applicant's visa or passport
- Mexican voter registration card
- Foreign ID with identifiable photo of applicant (including El Salvador consular certification, El Salvadoran Unique Identity Card [DUI], and Honduran consular certification)

continued...

Group C – SUPPORTING DOCUMENTS

If you do not have one from Group A or two from Group B, provide ONE (1) from GROUP B and TWO (2) from GROUP C:

- Recent utility bill or cell phone bill with current address
- Recent paycheck stub
- Any Secondary Acceptable ID from Group B that is expired
- Public assistance applications or letters
- Signed valid voter's registration card
- Police report of stolen identification
- Official school transcript
- Bank account statement
- Social Security letter
- Marriage license or divorce decree
- Certified birth certificate from a state other than Texas, District of Columbia, or other country
- Automobile insurance card or contract
- Lease agreement
- Loan or installment payment contract
- Promissory note or loan contract
- Court order
- Property title or lien
- Automobile title or registration
- Library card
- Fishing or hunting license
- Recent medical record or bill
- Religious record w/signature of officiant
- Recent rent receipt w/address and name
- Federal, state, or local tax records
- U.S. Dept. of Homeland Security notice or correspondence