



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

**Phone (956) 402-4000 [www.pharr-tx.gov](http://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"/>	\$23.00			Certified Copy (1copy)	\$21.00	1	\$21.00
Plastic Pouch Protector <input type="checkbox"/>	\$2.00			Additional Copies	\$4.00		
<b>Total (Money order payable to City of Pharr)</b>				<b>Total (Money Order payable to City of Pharr)</b>			

**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**