



**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: _____
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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**

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