



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

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

Uso Oficial
 Cert#
 By:
 Date Mailed: _____

SOLICITUD POR CORREO POSTAL DE ACTA DE NACIMIENTO O DEFUNCION

Actas de Nacimiento				Actas de Defuncion			
Tipo	Costo	# de copias	Total	Tipo	Costo	# de copias	Total
Formato Largo <input type="checkbox"/>	\$23.00			Copia Certificada (1 copia)	\$21.00	1	\$21.00
Protector de plastico <input type="checkbox"/>	\$2.00			Copias adicionales	\$4.00		
Total (Money order payable to City of Pharr)				Total (Money Order payable to City of Pharr)			

INFORMACION DEL REGISTRO DE NACIMIENTO O DEFUNCION (PARTE I)

Nombre Completo de la Persona en el Acta	Primer Nombre	Segundo Nombre	Apellido
Fecha de Nacimiento o Defuncion	Mes	Dia	Año
Lugar de Nacimiento o Defuncion	(Solo) Pharr	Condado Hidalgo	Estado Texas
Nombre Completo del Padre	Primer Nombre	Segundo Nombre	Apellido
Nombre Completo de la Madre	Primer Nombre	Segundo Nombre	Apellido

Informacion de la Persona que Solicita el Acta (Parte II)

Nombre	# de Telefono	Correo electronico
Domicilio	Numero y Calle	Ciudad Estado Codigo Postal
Relacion con la Persona mencionada en el Acta	Proposito de obtener el Acta	
<input type="checkbox"/> Yo autorizo el envio al siguiente domicilio. He verificado que en este domicilio puedo recibir el pedido		
Nombre de la Persona que recibe las copias, si es distinto al nombre del solicitante		
Domicilio para copias, sie es distinto al nombre del solicitante		
Ciudad	Estado	Codigo Postal

DECLARACION JURADA DE CONOCIMIENTO PERSONAL (DEBE FIRMARSE ANTE UN NOTARIO PUBLICO) (PARTE 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: _____

ADVERTENCIA: ES UN DELITO FALSIFICAR INFORMACIÓN EN ESTE DOCUMENTO. LA MULTA POR HACER UNA DECLARACIÓN FALSA A CONOCIMIENTO EN ESTE FORMULARIO O POR FIRMAR UN FORMULARIO QUE CONTIENE UNA DECLARACIÓN FALSA ES DE 2 A 10 AÑOS DE PRISIÓN Y UNA MULTA DE HASTA \$10,000. (CÓDIGO DE SALUD Y SEGURIDAD, CAPÍTULO 195, SEC. 195.003. REV. 07/2022

ENVIE ESTA SOLICITUD POR CORREO, INCLUYA UNA FOTOCOPIA DE SU IDENTIFICACIÓN Y GIRO POSTAL A:

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