



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"/>	\$3.00			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. 08/2023

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

EACH APPLICANT MUST PRESENT A VALID PRIMARY FORM OF IDENTIFICATION

QUALIFIED APPLICANT REQUIREMENTS

All documents proving qualified applicant must be copies from original documents

If you are the:

Parent: Picture ID - Must be listed on record

Self: Picture ID

Son/Daughter: Your birth certificate

Grandparent: Your son/daughter's birth certificate

Spouse: Marriage License

Brother/Sister: Your birth certificate

Legal Guardian: Certified court order

Attorney: Certified document to verify legal interest

Identification Requirements – No Identification May Be Expired More than 90 Days

GROUP A: Primary Acceptable Identification:

- Current Valid Driver's License;
- Federal or State Identification card
- Federal, State or City law enforcement employment identification card, or employment badge accompanied by employment identification card;
- Offender Identification card issued by the Department of Criminal Justice correctional facility or institution;
- Military Identification card;
- United States Passport
- Concealed Handgun License; Pilot's License
- Department of Homeland Security, United States Citizenship and Immigration Services (USCIS) issued:
 - *Employment Authorization Document (EAD);
 - *Permanent Resident Card (green card);
 - *Travel Documents:
 - (-a-) Re-entry Permit;
 - (-b-) Refugee Travel Permit; or
 - (-c-) Advance Parole.
- *SENTRI Card; or
- *U.S. Citizen Identification Card
- United States Department of State issued:
 - * Visa
 - *Border Crossing Card (B1 for business or pleasure or B2 medical purposes)

GROUP B: Secondary Acceptable Identifications:

Please provide **two (2)** of **Group B ID's**

One document must contain the applicants name and signature and or an identifiable photo of the applicant

- Current student identification (must show current year);
- Any Primary Identification that is expired (not more than 90 days);
- Signed Social Security card, or Numident;
- DD Form 214 Certificate of Release;
- Medicaid card; Medicare card;
- Veterans Affairs card;
- Medical insurance card;
- Foreign Passport accompanied by a Visa issued by the United States Department of State;
- Foreign Passport in accordance with the United States Department of State, Visa Waiver Program
- Certified birth certificate from the Department of State (FS-240, DS-1350 or FS-545);
- Private Company Employment Identification card
- Form I-94 - accompanied by the applicant's Visa or Passport;
- Mexican voter registration card; or
- Foreign Identification with identifiable photo of applicant

GROUP C: Supporting Documents: Please provide one (1) from Group B and 2 (Two) from Group C. Note: One document must contain the applicants name and signature and/or an identifiable photo of the applicant. Note: This list of items consists of other records or documents that aid in establishing the identity of the applicant. *Current* (documents may not be older than 60 days)

- Recent utility bill with current address (must be current, show the same address and name of the applicant)
- Recent Paycheck stub (must show applicant's name, company name and current address)
- Public assistance applications or letter (must be current and show applicant's name and address)
- Signed valid voter's registration card (must be current and show your current address and name of applicant)
- Police report of stolen identification (must show applicant's name, address and date filed)
- Official school transcript (sealed - must be certified with official seal)
- Bank account statement (must be a current statement showing applicant's name and address)
- Social Security Letter (must show applicant's name and address)
- Marriage License or Divorce Decree (original or certified copy)
- Certified birth certificate from a state other than Texas, District of Columbia or other country
- Automobile insurance card or contract (must show applicant's name and be current and valid)
- Automobile title or registration (must show applicant's name)
- Current lease agreement with name, address and signature
- Loan or installment payment contract; Promissory notes or loan contracts
- Court Order (must show applicant's name)
- Property or Automobile titles or liens (must show applicant's name and address)
- Fishing or Hunting License; Library Card (must show applicant's name)
- Recent Medical Records and bills (must show applicant's name and address)
- Religious records with signature of religious official
- Expired Secondary Document (no more than 90 days expired)
- Recent Rent receipt (computer statement with landlord's and applicant's name and address)
- Recent cell phone bill or contract (must show applicant's name and address)
- Federal, state or local tax records (current tax return with name, address and signature of applicant)
- Dept. of Homeland Security Notices or correspondence