

City of Hidalgo 704 East Ramon Ayala Drive Hidalgo, Texas 78557 (956) 843-2286

MAIL APPLICATION FOR BIRTH AND DEATH RECORD(S)

PLEASE PRINT INCLUDE A PHOTOCOPY OF YOUR VALID I.D. WHEN SENDING IN THE REQUEST

Make money orders payable to: City of Hidalgo. For any search of the files where a record is not found, the searching fee is not refundable or transferable.

Birth Certificates				Death Certificates						
Туре	Cost X	# of Copies	Total	Туре		Cost X # of Cop		opies	Total	
Certified Copy Long Form	tified Copy Long Form □ 23			Certified Copy (1 Copy)		21				
Plastic Pouch Protector □ 1.25			Additional Copies		4					
Total (Money order payable to City of Hidalgo) \$				Total (Money order payable to City of Hida					\$	
		Id	entify Birth or D	eath Record Info	rmation (Part 1))				
	F:									
Full Name of Person on Record	First Name			Middle Name			Last Name			
Date of Birth/Death	Month			Day Year			Sex			
Place of Birth/Death	City or Town			County			State			
ridee of Birth/Bedun	only of 10 mil			County						
Full Name of	First Name			Middle Name			Maiden Name/Last Name			
Parent 1										
Full Name of	First Name			Middle Name			Maiden Name/	Last Name		
Parent 2										
			Applica	l anr Information (P	art II)					
Applicant Name Telephone #			Telephone #	Email Addre						
Full Mailing Address	S	treet Address		City,	State	Zip				
Relationship to person listed a	bove			Purpose for obta	aining this reco	ord:				
 I authorize mailing to the ac 	ddress below. I h	nave verified that	the address bel	ow will receive m	y order.					
Name of Person Receiving Co	pies, if Different	from Applicant								
Mailing Address for Copies, if Different from Applicant										
City			State				Zip			
	AFFIDAVIT O	F PERSONAL KNO	DWLEDGE (MUS	ST BE SIGNED IN	PRESENCE OF	A NOTARY PU	BLIC) Part III			
State of		County of _			Before me on t	this day appeare	ed			
Now residing at							(Applicant Nar	me)	
Now residing at(Address)			((City)		(State)				
who is related to the person named on Part I as					and who on	oath disposes a	and save that the			
who is related to the person in	allieu oli Falti a		(Relationsh	nin)	and who on	oatii disposes a	ind says that the			
The applicant presented the fo	ollowing type and	d number of ident	,	p)						
Applicant Signature										
				Sworn to and su	bscribed before	re me, this	day of	, 20)	
				Signature of Notary Public and Notary ID Number						
(Seal)										
,										
				Street Address						
		City, State, Zip								
MARKING, IT IC A SELONY TO ST	CIEV INIECDMAT:	AN ON THE BOOK	MENIT THE BENCH	TV FOR (**)	1	N CE				
WARNING: IT IS A FELONY TO FAL STATEMENT ON THIS FORM OR F										

AND A FINE OF UP TO \$10,000 (HEALTH AND SAFETY CODE, CHAPTER 195. SEC. 195.003)

EACH APPLICANT MUST PRESENT A VALID PRIMARY FORM OF IDENTIFICATION QUALIFIED APPLICANT REQUIREMENT

All documents proving qualified applicant must be copies from original documents

If you are the:

Parent: Picture I.D. - Must be listed on Record

Self: Picture LD

Son / Daughter : Your birth certificate

Grandparent: Your Son/Daughter's birth certificate

Spouse: Marriage License & Photo I.D. 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 of 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 Authorizetion Document (EAD);
- * Permanent Resident Card (Green Card);
- * Travel Documents:
- * (1) Re-entry Permit;
- * (II) Refugee Travel Permit; or
- * (III) Advance Parole
- * SENTRY Card; or
- * U.S. Citizenship Identification Card
- * United States Department of State Issued:
 - 1.) Visa
 - 2.) Border Crossing Card (B1 for Business or Pleasure or B2 medical purposes)

Group B: Secondary Acceptable Identification:

Please provide two (2) of Group B I.D.'s

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

- · Current student identification (Must show current year);
- Any primary identification that is expired (no more than 90 days);
- · Signed Social Security Card, or Numident;
- DD Form 214 Certificate of release;
- · Medicaid Card; Medicare Card;
- · Veteran's Affairs Card:
- · Medical Insurance Card;
- Foreign passport accompanied by a Visa Issued by the United States Department of Stete:
- 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 identigiable photo of applicant

Group C: Supporting Documents: Please provide one (1) from Group B 2 (two) from Group C. Note: One document must contain the applicants name and signature and/or 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 application 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 stole 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 Numident (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 title or liens (must show applicant's name and address)
- * Fishing or Hunting license, Library Card; (must show applicant's name)
- st Recent Medical Records and bills (must show applicant's name and address)
- * Religious records with signature of
- * Expired Secondary Document (no more than 90 days expired)
- * Recent rent receipt (computer statement and landlord's and applicant's name and address)
- * Federal, State or local tax records (current tax return with names, address and signature of applicant)
- * Department of Homeland Security Notices or correspondence