CITY OF WESLACO
255 S. Kansas
Weslaco, Texas 78596
(956)968-3181
www.weslacotx.gov

***SEARCHING FEES ARE NON-REFUNDABLE OR TRANSFERRABLE /** LA CUOTA DE UNA BUSQUEDA NO SE DEVUELVE Y NO ES TRANSFERIBLE*

**WE ONLY ISSUE CERTIFIED COPIES TO PEOPLE THAT WERE BORN INSIDE WESLACO CITY LIMITS. **

Birth (Nacimiento)
_____**Full Size Sheet Certificate $ 23.00** (COPIA CERTIFICADA)
_____**Wallet Card (MICA) @ $23.00**
_____**Plastic Pouch** (PLASTICO)**$1.00**
Searching fee (BUSQUEDA) **@ $22.00**

Death (DEFUNCION)
_____**Certified Copy @ $21.00**(COPIA CERTIFICADA)
_____**Additional Copy @ $4.00 (with this application** /copias adicionales con esta solicitud)
_____**Searching Fee** (BUSQUEDA) **@ $20.00**

Full Name of Person on Record: (NOMBRE COMPLETO DE LA PERSONA EN EL REGISTRO)

MALE/MASCULINO

FEMALE/FEMENINA

FECHA DE NACIMIENTO/DEFUNCION

DATE OF BIRTH/DEATH

CITY OF BIRTH/DEATH (CIUDAD DE NACIMIENTO / FALLECIMIENTO:

FULL NAME OF FATHER / NOMBRE COMPLETO DEL PADRE):

MOTHER'S FULL MAIDEN NAME / NOMBRE COMPLETO DE LA MADRE (APELLIDO DE SOLTERA):

PURPOSE FOR OBTAINING THIS RECORD (LA RAZON PORQUE NECESITA EL REGISTRO)

NAME OF APPLICANT (NOMBRE DEL APLICANTE):

PHONE NUMBER (NUMERO DE TELEFONO):

PERMANENT ADDRESS (DIRECCION)

RELATIONSHIP TO PERSON ON RECORD (SU RELACION A LA PERSONA EN EL REGISTRO

TO YOUR KNOWLEDGE HAS THERE BEEN ANY CHANGE MADE TO THIS CERTIFCATE YES NO

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO $10,000 (HEALTH AND SAFETY CODE CHAPTER 195-SECTION 195-.003,
ADVERTENCIA LA MULTA POR HACER UNA DECLARACION FALSA EN ESTA FORMA SERA DE 2 A 10 ANOS EN PRISION Y UNA MULTA DE HASTA $10,000. (HEALTH & SAFETY CODE, CHAPTER 195 SEC. 195.003)

SIGNATURE (FIRMA) **DATE** (FECHA)

OFFICE USE ONLY

VOL_____ PAGE_____ I.D_____ BY_____
CERT #_____

NOTE: IF YOU WILL BE MAILING THIS APPLICATION INCLUDE A COPY OF VALID STATE ISSUED IDENTIFICATION OR DRIVERS LICENSE. FAX REQUEST: 956-968-6717