



INSPECTED IDENTIFICATION

City of Weslaco ♦ 255 S. Kansas Ave. ♦ Weslaco, TX 78596 ♦ Phone (956) 968-3181 ♦ Fax (956) 968-6717 www.weslacotx.gov

**APPLICATION TO REQUEST A BIRTH OR DEATH CERTIFICATE**

QUANTITY	TYPE	COST	DESCRIPTION
	COPY	\$23.00	IF BORN INSIDE CITY LIMITS OF WESLACO
	PLASTIC FOR COPY	\$2.00	(OPTIONAL) FOR CERTIFIED COPY SIZE
	REMOTE CARD	\$23.00	IF BORN INSIDE STATE OF TEXAS
	PLASTIC FOR CARD	\$1.00	(OPTIONAL) FOR WALLET SIZE
	WALLET CARD	\$23.00	IF BORN INSIDE CITY OF WESLACO
	DEATH CERTIFICATE	\$21.00	FOR 1 <sup>ST</sup> CERTIFICATE/\$4.00 FOR EACH ADDITIONAL AT SAME TIME OF PURCHASE

**Any birth record that has had 10 certifications issued since the original date of filing shall be considered as an abused record.**

Complete Name of Person on Record: \_\_\_\_\_

Date of Birth or Death: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Circle Gender: Female Male

METHOD OF PAYMENT  CASH  CREDIT CARD  MONEY ORDER

Where did this birth occur?  Hospital  Clinic  Midwife/Home Birth

To your knowledge has there been any change made to this certificate??  YES  NO

Full Name of Father: \_\_\_\_\_

Full Name of Mother (Include Maiden Name): \_\_\_\_\_

Your relationship to the person, whose certificate you want: \_\_\_\_\_

Will this certificate be used to obtain a passport? **YES NO** If NO, specify purpose: \_\_\_\_\_

Your Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Your Complete Current Mailing Address: \_\_\_\_\_

THE FEE FOR CONDUCTING EACH SEARCH AND ISSUING A CERTIFIED COPY OF A BIRTH CERTIFICATE IS \$23.00 AND \$21.00 FOR DEATH. THE SEARCHING FEE IS NON-REFUNDABLE OR TRANSFERABLE. DO NOT PAY CASHIER UNTIL APPLICATION IS CHECKED. CHECKS ACCEPTED FOR THE AMOUNT OF PURCHASE ONLY. **IF NO RECORD IS FOUND, A SEARCHING FEE OF \$23.00 (BIRTH) OR \$21.00 (DEATH) WILL BE CHARGED.** WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2 - 10 YEARS IN PRISON AND A FINE UP TO \$10,000.00 A PERSON COMMITS AN OFFENSE IF THE PERSON INTENTIONALLY OR KNOWINGLY MAKES A FALSE STATEMENT OR DIRECTS ANOTHER PERSON TO MAKE A FALSE STATEMENT IN AN APPLICATION FOR A CERTIFIED COPY OF VITAL RECORDS. (HSC §195.003 (a-4))

I certify under penalty of perjury that the information I have provided on this application is true and complete to the best of my knowledge. If it is not, I may be subject to criminal prosecution. I understand that if the certificate is not issued to me or not filed in this office, I will be charged the search fee.

**Sign Here To Show You Agree** \_\_\_\_\_ **DATE:** \_\_\_\_\_

VOL: \_\_\_\_\_ PAGE: \_\_\_\_\_ CERT# \_\_\_\_\_ BY: \_\_\_\_\_

**NOTE:** If you will be mailing in this application from out of the Valley area, you need to attach a photocopy of your up to date valid State ID or driver's license along with this application. Please note we cannot accept personal checks. I authorize mailing to the name and address below instead of my mailing address. I have verified that the address below will receive my order.

Name \_\_\_\_\_ MailingAddress \_\_\_\_\_