



ARTURO GUAJARDO, JR.

HIDALGO COUNTY CLERK

NEW CERTIFICATE # _____ (W) _____ VOL _____ PAGE _____ FILE DATE _____			
CERTIFICATE INFORMATION/ INFORMATION DEL REGISTRO	APPLICATION FOR BIRTH AND DEATH CERTIFICATES		
	(PRINT) FIRST NAME-NOMBRE _____ MIDDLE-SOBRE NOMBRE _____ LAST-APPELLIDO (MAIDEN) _____		
	DATE OF BIRTH OR DEATH- FECHA DE NACIMIENTO O FALLECIMIENTO _____		PLACE OF BIRTH/DEATH-LUGAR DE NACIMIENTO/ FALLECIMIENTO _____
	MOTHER'S NAME (MAIDEN) NOMBRE DE MADRE (SOLTERA) _____		FATHER'S NAME- NOMBRE DE PADRE _____
APPLICANT INFORMATION/ INFORMATION DEL SOLICITANTE	(PRINT) FIRST NAME- NOMBRE _____ MIDDLE- SOBRE NOMBRE _____ LAST- APPELLIDO _____		
	ADDRESS - DOMICILIO _____		CITY/STATE, ZIP CODE - CIUDAD Y ESTADO, CODIGO POSTAL _____
	YOUR RELATIONSHIP TO PERSON ON CERTIFICATE- SU RELACION DE LA PERSONA EN EL REGISTRO _____		REASON FOR OBTAINING CERTIFICATE- RAZON PARA OBTENER REGISTRO _____
	TELEPHONE NUMBER- NUMERO DE TELEFONO _____		SIGNATURE- FIRMA _____ DATE-FECHA _____
DOCUMENTS IDENTIFICATION FOR OFFICE USE ONLY	TYPE OF I.D.: _____		
	DRIVER'S LICENSE: _____		
	FEDERAL I.D.: _____		
	AUTHORIZED BY: _____		
	COMMENTS: _____		
FOR OFFICE USE ONLY	BIRTH CERTIFICATES	RECORD INFORMATION:	DEATH CERTIFICATES
	____ \$23.00 CERTIFIED COPY (COPIA CERTIFICADA)	____ ILLEGIBLE	____ \$21.00 CERTIFIED COPY
	____ \$24.00 WALLET SIZE (TAMANO CARTERA)	____ INCORRECT	____ \$4.00 EACH ADDITIONAL COPY
	____ \$23.00 DSHS COPY (STATEWIDE)	____ NO REFUND ACKNOWLEDGEMENT	
		____ \$10.00 RECORD SEARCH FEE NO REFUNDS/ NO DEVOLUCIONES	

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THE FORM CAN BE 2-10 YEARS IN PRISON AND A FINE UP TO \$10,000.00 (HEALTH AND SAFETY CODE CHAPTER 195, SEC 195.003)

☐ I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.

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www.hidalgocountyclerk.us