City Of Mission – Vital Statistics Department
1201 E 8th Street
Mission, Texas 78572
956-580-8664 or 580-8710

Application for Certified Copy of Birth/Death Certificate

Birth ( ) Certified Copy $23.00 ( ) Wallet Size $24.00 ( ) Out of Town (Remote) Wallet Size Only $24.00

Death ( ) Certified Copy $21.00 _____ Extra Copies of Same Record $4.00 Each

1. Full name of person on record: _____
   First Middle Name Last Name
2. Date of Birth/Death: _____ Sex: ( ) Male ( ) Female
   Month / Day / Year
3. Place of Birth/Death: _____
4. Father's full name: _____
   First Name Middle Name Last Name
5. Mother's full name: _____
   First Name Middle Name Maiden Last Name

6. Mailing Address: _____
   Street Address City State Zip Code

7. **Relationship to the person in item #1.** **Check one** **Proof is Required**

( ) **Self** (Government picture ID)
( ) **Parents** (Government picture ID)
( ) **Spouse** (Government picture ID and marriage license)
( ) **Sibling** (Government picture ID and birth certificate)
( ) **Son/Daughter** (Government picture ID and birth certificate)
( ) **Grandparents** (Government picture ID and birth certificate of son/daughter)
( ) **Legal Guardian** (Certified court order and government picture ID)
( ) **Funeral Home or Attorney** (That act on behalf and for the benefit of the immediate family)

8. Has there been any changes to the birth record? ( ) Yes ( ) No

9. Purpose for obtaining this record: _____

WARNING: The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine of up to $10,000 (Health and Safety Code. Chapter 195. Sec. 195.003)

10) Signature of Applicant: _____Telephone: _____

For Office Use Only

Date: _____ Amount Paid: $ _____

Name: _____ D. O. B. : _____

Type of ID.: _____ Number: _____

( ) Call ( ) Mail ( ) Pick-Up Clerk: _____ Cert. # _____ Card # _____