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By _____	Page:_____

"City with a Smile"

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By_____	

APPLICATION FOR BIRTH OR DEATH RECORD (SOLICITUD REGISTRO DE NACIMIENTO O ACTA DE DEFUNCION)

BIRTH (NACIMIENTO)	DEATH (DEFUNCION)
_____ CERTIFIED COPY (COPIA CERTIFICADA) **$ 23.00**	_____ CERTIFIED COPY (COPIA CERTIFICADA) **$ 21.00**
_____ ADDITIONAL CERTIFIED COPY (COPY ADICIONAL) **$ 23.00**	_____ ADDITIONAL CERTIFIED COPY (COPY ADICIONAL) **$ 4.00**

FORM OF PAYMENT: CASH OR CASHIER'S CHECK ONLY

1. COMPLETE NAME ON RECORD – FIRST, MIDDLE & LAST (NOMBRE COMPLETO EN EL REGISTRO/ACTA)- PRIMERO, SEGUNDO Y APELLIDO

2. DATE OF BIRTH/DEATH (FECHA DE NACIMIENTO/DEFUNCION)	3. CITY OF BIRTH/DEATH (CIUDAD DE NACIMIENTO/DEFUNCION

4. FATHER'S NAME (NOMBRE DEL PADRE)	5. MOTHER'S NAME(NOMBRE DE LA MADRE)	5A. MAIDEN NAME (APELLIDO DE SOLTERA)

APPLICANT'S INFORMATION #6 – 11/ INFORMACION DEL APLICANTE #6 - 11

6. YOUR COMPLETE NAME (TU NOMBRE COMPLETE)	7. YOUR RELATION TO #1 (TU PARENTESCO AL #1)	8. YOUR PHONE #(TU # DE TELEFONO)

9. INDICATE YOUR ANSWER TO #7 BY CHECKING THE BOX BELOW. ** YOUR VALID GOVERNMENT ID WILL BE REQUIRED ALONG WITH THE SUPPORTING DOCUMENTS**
(INDICA TU RESPUESTA A #7 MACRCANDO LA CASILLA BE ABAJO.) ** TU IDENTIFICACION VIGENTE DE GOVIERNO SERA REUERIDA ADJUNTO A DOCUMENTOS**

- ☐ PARENT (PADRE/MADRE) **MUST BE LISTED ON RECORD (DEBES SER INDICADO EN EL REGISTRO)**
- ☐ SELF (MISMO)**
- ☐ SON/DAUGHTER (HIJO/A) **YOUR BIRTH CERTIFICATE (TU REGISTRO DE NACIMIENTO)**
- ☐ GRANDPARENT (ABUELO/A) **YOUR SON/DAUGHTER'S BIRTH CERTIFICATE (REGISTRO DE NACIMIENTO DE SU HIJO/A)**
- ☐ SPOUSE (ESPOSO/A) **MARRIAGE LICENSE (LICENCIA DE MATRIMONIO)**
- ☐ BROTHER SISTER (HERMANO/A) **YOUR BIRTH CERTIFICATE (TU REGISTRO DE NACIMIENTO)**
- ☐ LEGAL GUARDIAN (GUARDA LEGAL) ** CERTIFIED COURT ORDER (ORDEN DE CORTE CERTIFICADA)**
- ☐ ATTORNEY (ABOGADO/A) **CERTIFIED DOCUMENT ESTABLISHING LEGAL INTEREST (DOCUMENTO CERTIFICADO ESTABLESIENDO INTERES LEGAL)**
- ☐ FUNERAL HOME/DIRECTOR (FUNERARIA/DIRECTOR) **MUST BE LISTED ON DEATH CERTIFICATE (DEBES SER INDICADO EN EL ACTA DE DEFUNCION)**

10. YOUR PHYSICAL- STREET, CITY, STATE, ZIPCODE (TU DIRECCION FISICA) – CALLE, CIUDAD, ESTADO, CODDICO POSTAL)

AFFIDAVIT

ONLY APPLICANTS FOR BIRTH CERTIFICATES SUBMITTED BY MAIL MUST BE NOTARIZED.
(SOLOMENTE APPLICACIONES ENVIADAS POR CORREO REQUIEREN SER NOTARIADAS.)

STATE OF _____

COUNTY OF _____

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON _____
(DATE- MM/DD/YYYY)

BY _____
(APPLICANT'S PRINTED NAME- MUST MATCH ITEM #6)

(seal)

_____
(TYPE & NUMBER OF I.D. ACCEPTED WHEN NOTARIZED)

_____
(NOTARY PUBLIC'S SIGNATURE & I.D. #)

11. REASON FOR OBTAINING RECORD (RAZON PARA EL REGISTRO/ACTA)

WARNING! IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO $10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 159.003.

MAIL REQUESTS MUST BE MADE BY CASHIER'S CHECK PAYABLE TO THE CITY OF RAYMONDVILLE.
(LAS SOLICITUDES POR CORREO DEBEN SER EN CHEQUE DE CAJA PAGADAS A EL CIUDAD DE RAYMONDVILLE)

I HAVE READ AND UNDERSTOOD THE WARNING (E LEIDO Y COMPRENDENO LA ADVERTENCIA)

X _____
APPLICANT'S SIGNATURE (FIRMA DEL APLICANTE)

_____
DATE (FECHA)