

COUNTY OF HIDALGO

ARTURO GUAJARDO, JR. – COUNTY CLERK



New Certificate #: _____ Vol. _____ Page _____			
CERTIFICATE INFORMATION/ INFORMACION DEL REGISTRO	APPLICATION FOR BIRTH AND DEATH CERTIFICATES		
	(Print/Imprimir) First Name – Nombre Middle – Sobre Nombre Last (Maiden)-Apellido (Soltera)		
	DATE OF BIRTH OR DEATH-FECHA DE NACIMIENTO O FALLECIMIENTO	PLACE OF BIRTH/DEATH-LUGAR DE NACIMIENTO/ FALLECIMIENTO	
	MOTHER'S FULL NAME (MAIDEN) NOMBRE DE MADRE COMPLETO (SOLTERA)	FATHER'S NAME (COMPLETE) – NOMBRE DE PADRE (COMPLETO)	
APPLICANT INFORMATION/ INFORMACION DEL SOLICITANTE	(Print/Imprimir) First Name – Nombre Middle – Sobre Nombre Last -Apellido		
	ADDRESS – DOMICILIO	CITY/STATE/ZIP-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
	<input type="checkbox"/> \$23.00 CERTIFIED COPY (COPIA CERTIFICADA) <input type="checkbox"/> \$23.00 DSHS ABSTRACT COPY (STATEWIDE)	<input type="checkbox"/> ILLEGIBLE <input type="checkbox"/> INCORRECT <input type="checkbox"/> NO REFUND ACKNOWLEDGEMENT <input type="checkbox"/> \$10.00 RECORD SEARCH FEE NO REFUNDS/NO DEVOLUCIONES	<input type="checkbox"/> \$21.00 CERTIFIED COPY (COPIA CERTIFICADA) <input type="checkbox"/> \$4.00 EACH ADDITIONAL COPY(COPIA ADICIONAL)

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 195.0003)

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 Early Childhood Coordination of Health and Human Services.