



City of Mission – Vital Statistics Department

1201 E. 8th Street

Mission, Texas 78572

(956) 580-8664 ph. / 580-8710 ph. / 580-8700 ph.

(956) 580-8669 FAX / www.missiontexas.us

APPLICATION FOR BIRTH AND DEATH RECORD

Birth _____ Certified Copy (Born in Mission) _____ ABSTRACT (Born in the State of Texas)
\$23.00 \$23.00

Death _____ Certified Copy (Died in Mission) _____ Extra Copies of Same Record
\$21.00 \$4.00 Each (**for death only**)

NOTE: If Birth/Death Record is not on file, a \$13.00 not refundable searching fee will be charged. _____

PLEASE PRINT BIRTH/DEATH RECORD INFORMATION:

1. Have There Been Any Changes/Corrections Made by the State to this Birth/Death Record () Yes () No

2. Full Name of Person on Record: _____
First Name Middle Name Last Name

3. Date of Birth/Death: _____ Sex: () Male () Female
Month / Day / Year

4. Place of Birth/Death (City/Town): _____

5. Father's Name (Only if Stated on Birth Record): _____
First Name Middle Name Last Name

6. Mother's Maiden Name: _____
First Name Middle Name Maiden Last Name

REQUESTOR INFORMATION:

7. Requestor's Name (**PRINT**): _____ U.S. ph.# _____

8. U.S. Mailing Address: _____
Street Address City State Zip Code

9. Relationship of Requestor to the Person on the Birth/Death Record (**Select One**):
() **Self** (Valid Photo ID)
() **Mother/Father** (Valid Photo ID)
() **Authorization Form** (Born in Mission Only)
() **Spouse** (Valid Photo ID & Marriage License)
() **Brother/Sister** (Valid Photo ID & Birth Certificate)
() **Son/Daughter** (Valid Photo ID & Birth Certificate)
() **Grandparents** (Valid Photo ID and birth certificate of son/daughter)
() **Legal Guardian** (Valid Photo ID & Certified, Signed, Sealed & Recorded Court Order)
() **Funeral Home/Attorney/Other** _____ (Acting on Behalf & for the Benefit of the Immediate Family)

10. Purpose for Obtaining This Record (ex: Passport, Lost, School, Medicaid, 1st Time) _____

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2-10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000 (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

11. Signature of Requestor: _____ Date of Application: _____

**APPLICATION WITHOUT SIGNATURE OF REQUESTOR WILL NOT BE PROCESSED
OFFICE USE ONLY**

Date: _____ Amount Paid: \$ _____ Currency # _____

() Pick-Up () Mail Clerk: _____ Cert. # _____ Abstract # _____ Rev: 03/2018