



**City of Mission – Vital Statistics Department**

1201 E. 8<sup>th</sup> Street  
Mission, Texas 78572  
(956) 580-8664 ph. / 580-8710 ph. / 580-8700 ph.  
(956) 580-8669 FAX / [www.missiontexas.us](http://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)
- Protector** \_\_\_\_\_ Vinyl Envelope/Plastic Protector \$3.00

**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)

[Acceptable Documents](#)



10. Purpose for Obtaining This Record (ex: Passport, Lost, School, Medicaid, 1<sup>st</sup>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