



# MAIL IN

## APPLICATION FOR BIRTH OR DEATH RECORD (SOLICITUD PARA ACTA DE NACIMIENTO O DEFUNCIÓN)

The Office of the City Secretary  
**Physical Address:**  
 1034 E. Levee St. | Brownsville, Texas 78520  
**Mailing Address:**  
 P.O. Box 911 | Brownsville, Texas 78522-0911  
 Ph.: 956/548-6001 | [www.cob.us](http://www.cob.us)

### SEARCH FEE \$10.00

**NOT REFUNDABLE OR TRANSFERABLE**

**PLEASE SEND TWO (2) SEPARATE MONEY ORDERS PAYABLE TO: CITY OF BROWNSVILLE  
 ONE (1) FOR \$10.00 FOR THE SEARCH FEE & ONE (1) FOR THE RECORD**

<b>BIRTH (NACIMIENTO)</b>	
___ Certified Copy (Copia Certificada)	\$ 24.00
___ Abstract (Abstracto)	\$ 24.00

<b>DEATH (DEFUNCIÓN)</b>	
___ Certified Copy (Copia Certificada)	\$ 21.00
___ Additional Copy (Copia Adicional) (with this application) (copias adicionales con esta solicitud)	\$ 4.00

1. Full name of person on the record (Nombre completo de la persona en el registro):	
2. Date of Birth / Death (MM/DD/YYYY). (Fecha de Nacimiento / Fallecimiento):	3. <input type="checkbox"/> Female (femenino) <input type="checkbox"/> Male (masculino)
4. Place of <input type="checkbox"/> Birth (Lugar de Nacimiento) Or Death <input type="checkbox"/> (Lugar de Fallecimiento) City (Ciudad) County (Condado) State (Estado)	5. Name of (Nombre de): <input type="checkbox"/> Hospital <input type="checkbox"/> Midwife (Partera) <input type="checkbox"/> Other (Otro)
6. Full name of father (Nombre del padre):  Father's DOB: (Fecha de Nacimiento de padre) / /	7. Mother's full maiden name (Nombre de madre con apellido de soltera):  Mother's DOB (Fecha de Nacimiento de madre) / /
8. Name of applicant (Nombre del aplicante):	9. Phone Number (Numero de teléfono):
10. Relationship to person on record (Parentesco a la persona en el registro):	11. Your permanent address (Su domicilio permanente):
12. Purpose for obtaining this record (La razon por que necesita el registro):	

**WARNING:** THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THE FORM CAN BE 2 to 10 YEARS IN PRISON AND A FINE OF UP TO \$10,000 (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)  
**AVISO:** PUEDE HABER UNA PENA DE 2 A 10 AÑOS DE PRISION Y UNA MULTA DE HASTA \$10,000 SI LA INFORMACIÓN QUE ESTA PROPORCIONANDO ES FALSA (VERNON'S TEXAS HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

**YOUR SIGNATURE IS REQUIRED AND INDICATES THAT YOU UNDERSTAND THAT THE SEARCH FEE FOR A RECORD IS NOT REFUNDABLE OR TRANSFERABLE.  
 SU FIRMA ES REQUERIDA E INDICA QUE UD. RECONOCE QUE EL COSTO DE LA BUSQUEDA DE UN REGISTRO NO SE REEMBOLSARA NI ES TRANSFERIBLE.**

\_\_\_\_\_  
 SIGNATURE OF APPLICANT (REQUIRED) (FIRMA DEL APLICANTE – REQUERIDA) DATE (FECHA)

**THIS OFFICE IS NOT RESPONSIBLE FOR A BIRTH/DEATH RECORD ONCE IT IS MAILED OUT  
 FOR OFFICE USE ONLY:**

Type of Record: _____	Method of Payment: Cash / Check _____
Registrar No.: _____	Volume No.: _____
BVS No.: _____	Page No.: _____
	Issued By: _____
	SBNP No.: _____
ISSUED: Y or N (if No, why): _____	Control No.: _____

**IF YOU WILL BE MAILING IN THIS APPLICATION, YOU MUST ATTACH A COPY OF YOUR IDENTIFICATION, THE AFFIDAVITE AND A MONEY ORDER FOR OUR FEE.**

## NOTARIZED PROOF OF IDENTIFICATION

<b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b>			
FULL NAME OF PERSON ON RECORD		DATE OF BIRTH/DEATH	
PLACE OF BIRTH/DEATH (City or County)			SEX
FULL NAME OF PARENT 1		FULL NAME OF PARENT 2	

<b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

## AFFIDAVIT OF PERSONAL KNOWLEDGE

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>	
STATE OF _____	
COUNTY OF _____	
Before me on this day appeared _____ (Name)	
} [ _____, _____, _____ ] (Address) (City) (State)	
who is related to _____ (Relationship)	
I declare the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20_____.	

(Seal)

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State and Zip

**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 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)**

**MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:**

The Office of the City Secretary  
Physical Address: 1034 E. Levee St.  
Mailing Address: P.O. Box-911  
Brownsville, TX 78522-0911

**(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)**