



PLEASE READ THIS SHEET BEFORE COMPLETING THE APPLICATION

- **AT LEAST ONE OF THE PARENTS MUST BE MEXICAN.**
- ALL COPIES ARE ON LETTER SIZE SHEETS OF PAPER AND **ONLY ONE DOCUMENT PER SHEET IS ACCEPTED.**
- COPIES MUST BE COMPLETE AND LEGIBLE.
- IF THE IDENTIFICATION OR DOCUMENT HAS INFORMATION ON THE BACK, IT IS NECESSARY TO MAKE COPIES OF BOTH SIDES **ON THE SAME SHEET.**
- IT IS IMPORTANT TO VERIFY THAT THE CERTIFICATE OF THE PERSON TO REGISTER (MINOR OR ADULT) CONTAINS THE NAMES OF THE PARENTS CORRECTLY WRITTEN.
- THE IDENTIFICATIONS OF THE PARENTS MUST CONTAIN THE NAMES AS THEY APPEAR ON THE BIRTH CERTIFICATES OF EACH OF THEM.
- IF THE CERTIFICATE OF THE PERSON TO BE REGISTERED (MINOR OR ADULT) DOES NOT HAVE INFORMATION ON THE TIME OF BIRTH, A DOCUMENT FROM THE HOSPITAL SHOULD BE ATTACHED WHERE IT INDICATES IT.
- **COMPLETE ADDRESSES** MUST BE RECORDED ON THE REGISTRATION FORM.

REQUIREMENTS FOR BIRTH REGISTRATION

1. FILL OUT AN APPLICATION FOR EACH PERSON TO REGISTER (MINOR OR ADULT).
2. ATTACH TO EACH APPLICATION **TWO PHOTOCOPIES OF THE US BIRTH CERTIFICATE** OF THE PERSON TO BE REGISTERED (MINOR OR ADULT) IN GOOD CONDITION.
3. **TWO PHOTOCOPIES OF AN OFFICIAL IDENTIFICATION** OF THE PERSON TO REGISTER, SUCH AS STATE IDENTIFICATION, STUDENT CREDENTIAL OR PASSPORT.
4. **FOR EACH PERSON TO REGISTER PRESENT:**
 - **TWO COPIES** OF THE MARRIAGE CERTIFICATE OF THE PARENTS, IF THEY ARE MARRIED.
 - **TWO COPIES** OF THE PARENTS' BIRTH CERTIFICATES.
 - **TWO COPIES** OF A VALID IDENTIFICATION (OFFICIAL AND CURRENT) OF THE PARENTS (MINORS OR UNMARRIED PARENTS).
5. TWO WITNESSES **OVER 18 YEARS OF AGE**, REGARDLESS OF NATIONALITY, WHO HAVE VALID IDENTIFICATION (OFFICIAL AND CURRENT). TWO COPIES OF EACH ID. THE WITNESSES CANNOT BE THE GRANDPARENTS.

PROCESS

SEND OR BRING THE COMPLETE DOCUMENTATION TO THE FOLLOWING ADDRESS:

**CONSULADO DE MÉXICO
REGISTRO CIVIL
1617 BALTIMORE AVE.
KANSAS CITY, MO 64108**

- AFTER THE DOCUMENTATION IS RECEIVED, IT WILL BE REVIEWED, PLACED ON THE WAITINGLIST AND YOU WILL BE CALLED TO SET AN APPOINTMENT.
- **BOTH PARENTS WITH THE CHILDREN TO BE REGISTERED AND THE WITNESSES MUST BE PRESENT AT THE APPOINTMENT AND THEY MUST BRING THE ORIGINAL DOCUMENTS OR THE REGISTRATION WILL NOT BE CARRIED OUT.**
- ON THE DAY OF THE APPOINTMENT YOU SHOULD STAY IN THE CONSULATE **APPROXIMATELY 2 HOURS**, PLEASE CONSIDER THIS.
- THE REGISTRATION PROOF WILL BE DELIVERED THAT SAME DAY. IF YOU WISH TO PURCHASE CERTIFIED COPIES, PLEASE BRING CASH, DEBIT OR CREDIT CARD.
- IF ALL THE DOCUMENTATION IS CORRECT, THE PERSON TO REGISTER (MINOR OR ADULT) WILL OBTAIN THEIR MEXICAN NATIONALITY THE SAME DAY OF THEIR APPOINTMENT.

COSTS

THE BIRTH REGISTRATION IS FREE AND THE FIRST CERTIFIED COPY IS FREE, EACH CERTIFIED COPY HAS A COST OF **\$18.00** USD.
FOR FURTHER QUESTIONS CALL: **(816) 556-0800 EXT. 741** OR EMAIL **REGISTROCIVILKAN@SRE.GOB.MX**

THIS APPLICATION IS FREE

DUAL CITIZENSHIP APPLICATION

FILL OUT THE ENTIRE APPLICATION. IF ANY PERSON HAS PASSED AWAY, WRITE "DECEASED" AFTER THE NAME.

PHONE NUMBER:															EMAIL:															DATE:																																							
PERSON TO REGISTER	NAME:																																																																				
	PLACE OF BIRTH:																																																																				
	TIME OF BIRTH:																						DATE OF BIRTH:																																														
	PRESENTED:															ALIVE										DEAD										SEX:					MALE										FEMALE																		
	APPEARED:															FATHER										MOTHER										BOTH										SOMEONE ELSE																							
PARENTS	FATHER'S FULL NAME:																						DATE OF BIRTH:																																														
	NATIONALITY:																						OCCUPATION:																																														
	MOTHER'S FULL NAME:																						DATE OF BIRTH:																																														
	NATIONALITY:																						OCCUPATION:																																														
	ADDRESS:																																																																				
	CITY:															STATE:															ZIP CODE:															COUNTRY:																							
GRANDPARENTS	PATERNAL GRANDFATHER:																						NATIONALITY:																																														
	PATERNAL GRANDMOTHER:																						NATIONALITY:																																														
	ADDRESS:																						CITY:																																														
	MUNICIPALITY/COUNTY:															STATE:															ZIP CODE:															COUNTRY:																							
	MATERNAL GRANDFATHER:																						NATIONALITY:																																														
	MATERNAL GRANDMOTHER:																						NATIONALITY:																																														
	ADDRESS:																																																																				
	MUNICIPALITY/COUNTY:															STATE:															ZIP CODE:															COUNTRY:																							
WITNESSES (2)	NAME:																						PHONE:																																														
	ADDRESS:																						DATE OF BIRTH																																														
	NATIONALITY:																																																																				
	NAME:																						PHONE:																																														
	ADDRESS:																						DATE OF BIRTH																																														
	NATIONALITY:																																																																				
ADDITIONAL INFORMATION																																																																					
NUMBER OF PREGNANCY:															1					2					3					4					5					6					7					8					9					10					MAS				
BIRTH:															SIMPLE					DUOBLE					TRIPLE					MORE																																							
MARITAL STATUS OF PARENTS:															MARRIED										DOMESTIC PARTNERSHIP										SEPARATED										DIVORCED										SINGLE														