

ARANSAS COUNTY CLERK

MISTY KIMBROUGH

Address: 2718 Hwy. 35 North

Rockport, TX 78382

361-790-0122

OFFICE USE ONLY

DC DOC# _____
AMT: \$ _____ Money Order Only
DATE: _____
BY: _____

COSTS FOR C/COPIES OF DC:
FIRST @ \$21.00 _____
ADDITIONAL @ \$ 4.00 _____
TOTAL: _____

PLEASE FILL OUT THE
INFORMATION IN THE
BOX #1 - #7 ON THE
PERSON OF RECORD &
#8 - #13 OF PERSON
REQUESTING RECORD.

APPLICATION FOR A DEATH RECORD BY MAIL

(No white out, strike-through, write over, or any alterations will be accepted on this Application)

1. Full Name of Person on Record: _____

First Name Middle Name Last Name

2. Date of Death: ____/____/____ 3. Sex: _____
Month Day Year

4. Place of Death: _____ Aransas County, Texas
City or Town

5. Full Name of Parent 1: _____
First Name Middle Name Maiden Name/ Last Name

6. Full Name of Parent 2: _____
First Name Middle Name Maiden Name/Last Name

7. Additional Information: Birth Date: ____/____/____ Birth Place: _____ SS#: ____/____/____

8. Your Name/Applicant: _____ 9. Telephone: _____

10. Full Mailing Address: _____
Street Address / P.O. Box City State Zip Code

11. Relationship to Person named in item 1: _____ 12. Purpose for obtaining this Record: _____

13. ____ I authorize mailing to the address below. I have verified that the address below will receive my order.

Name of Person Receiving copies and address. If different from Applicant: _____

Mailing Address: _____ City _____ State: _____ Zip Code: _____

** I wish to make a voluntary contribution of \$5.00 to promote a healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of the Early Childhood Coordination of the Health and Human Services. ____ Yes ____ No

*** Signature of Applicant: _____ Date Signed: ____/____/____ ***

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

NOTARY PUBLIC ACKNOWLEDGEMENT

State of _____ County of _____

This Instrument was acknowledged before me on _____
(Date)

By _____ (Print
Name of Applicant acknowledging)

Signature of Notary _____ Notary Seal

MAIL THIS APPLICATION WITH A SIGNED NOTARIZED STATEMENT, MONEY ORDER, & COPY OF PHOTO ID TO:
MISTY KIMBROUGH, ARANSAS COUNTY CLERK