

Office Use Only
 BC Certificate# _____
 Doc Control # _____
 Date: _____
 By: _____
 Aransas Co. BC : _____ @ \$23.00 _____
 Total Cost: _____

ARANSAS COUNTY CLERK
MISTY KIMBROUGH
361-790-0122
Address: 2718 Hwy 35 North
Rockport, TX 78382

PLEASE FILL OUT THE INFORMATION IN THE BOX #1-#6 ON THE PERSON OF RECORD AND #7-#12 ON PERSON REQUESTING RECORD.

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

2. Date of Birth : _____ / _____ / _____ **3. Sex:** _____
 Month Day Year

4. Place of Birth: _____, 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. Your Name: _____ **8. Telephone:** _____

9. Mailing Address: _____
 Street Address City State Zip

10. Relationship to Person named in item 1: _____ **11. Purpose for Obtaining this Record:** _____
 (If Grandparent: Maternal ___ / Paternal ___)

12. Do you wish to make a voluntary contribution of \$5 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of the Health and Human Services? Yes ___ No ___

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR 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)

AFFIDAVIT OF PERSONAL KNOWLEDGE MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

STATE OF _____ COUNTY OF _____ Before me on this appeared _____, Applicant now residing at address: _____ City: _____ State: _____, Zip Code: _____ who is related to the person on record as: _____ and who on oath deposes and says that the contents of this affidavit are true and correct.

The applicant presented the following type and number of identification: _____

****Applicant's Signature:** _____

Sworn to and subscribed before me, this _____ day of _____, _____.
 Signature of Notary Public and Notary Number _____
 Typed or Printed Name: _____
 Commission Expires: _____
 Street Address: _____
 City, State, Zip: _____