MISTY KIMBROUGH - ARANSAS COUNTY CLERK
2840 HWY 35 N - ROCKPORT, TEXAS 78382
361-790-0122 - Office / 361-790-0119 - Fax

APPLICATION FOR A CERTIFICATION AS TO FACT OF DEATH

A Certification letter is a letter that certifies to the fact that a death was filed. It is not a certified copy of a death record.

(Please Print)

(Complete Lines 1 to 6 on the Deceased Person)

1. Full Name of Person on Record: _____
   First Middle Last
2. Date of Death: _____/_____/_____ 3. Sex: Male or Female
   Month Day Year
4. Place of Death: _____ Aransas County, Texas
   City or Town
5. Full Name of Parent 1: _____
   First Middle Last/Maiden Name
6. Full Name of Parent 2: _____
   First Middle Last/Maiden Name

(Person Requesting Record Completes Lines 7 to 11)

7. Your Name: _____ 8. Telephone: _____/_____/_____
9. Mailing Address: _____
   Street Address City State Zip
10. If a Certified copy is to be mailed to some other person, please complete: (Mail Order Only)
    Name: _____ Mailing Address: _____
    City: _____ State: _____ Zip:_____
11. Your Signature: _____ Date: _____

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

Applicant's ID: _____
Office Use Only

Please return completed Application and Money Order to: **Aransas County Clerk**
2840 Hwy 35 N
Rockport Texas 78382

****PHOTO ID REQUIRED**FEE: $21.00**MONEY ORDER ONLY****