

**CARRIE ARRINGTON - 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 BY MAIL

*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.*

**(No white out, strike-through, write over, or any alterations will be accepted on this Application.)**  
( 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:     \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
                                   Month          Day          Year

3. Sex: Male or Female

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 PENALTY 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\*\***