

ARANSAS COUNTY CLERK  
VALERIE K. AMASON  
2840 HWY 35 N  
ROCKPORT, TEXAS 78382  
361-790-0122

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

OFFICE USE ONLY  
DC DOC# \_\_\_\_\_  
AMT: \$ \_\_\_\_\_ Money Order Only  
DATE: \_\_\_\_\_  
BY: \_\_\_\_\_  
COSTS FOR C/COPIES OF DC:  
FIRST @ \$21.00 \_\_\_\_\_  
ADDITIONAL @ \$ 4.00 \_\_\_\_\_

APPLICATION FOR A DEATH RECORD BY MAIL

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 \_\_\_

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: \_\_\_\_\_, Texas  
City or Town County  
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 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: \_\_\_\_\_

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)

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: \_\_\_\_\_

MAIL THIS APPLICATION WITH SWORN STATEMENT, MONEY ORDER, & COPY OF PHOTO I.D. TO:

VALERIE K. AMASON, ARANSAS COUNTY CLERK  
2840 HWY 35N, ROCKPORT, TX 78382