

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

**ARANSAS COUNTY CLERK
 CARRIE ARRINGTON
 2840 HWY 35 N
 ROCKPORT, TEXAS 78382
 361-790-0122 OFFICE**

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

APPLICATION FOR AN ARANSAS COUNTY BIRTH RECORD BY MAIL

****PLEASE PRINT CLEARLY. APPLICATION MUST BE AN ORIGINAL. NO CROSS OUT OR WHITE OUT WILL BE ACCEPTED.****

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 (Applicant): _____ **8. Telephone:** _____

9. Mailing Address: _____
 Street Address /P.O. Box City State Zip

10. ___ I authorize mailing to the address below instead of the mailing address listed above.

Name: _____

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

11. Relationship to Person named in item 1: _____ **12. Purpose for Obtaining this Record:** _____
 (If Grandparent: Maternal ___ / Paternal ___)

**** Do you wish to make a voluntary contribution of \$5 to promote a 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 UP TO 2 - 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

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

State of _____ County of _____

This instrument was acknowledged before me on _____ by _____.

 Notary Public's Signature

 Notary Seal

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

**CARRIE ARRINGTON * ARANSAS COUNTY CLERK
 2840 HWY 35 N, ROCKPORT, TX 78382**