

ARANSAS COUNTY CLERK  
CARRIE ARRINGTON  
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 \_\_\_\_\_  
TOTAL: \_\_\_\_\_

APPLICATION FOR A DEATH RECORD BY MAIL  
(No white out, strike-through, write over, or any alterations will be accepted on this Application)

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: \_\_\_\_\_ 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. Additional Information: Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Birth Place: \_\_\_\_\_ SS#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

8. Your Name/Applicant: \_\_\_\_\_ 9. Telephone: \_\_\_\_\_

10. Full Mailing Address: \_\_\_\_\_

Street Address / P.O. Box 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: \_\_\_\_\_

\*\* I wish to make a voluntary contribution of \$5.00 to promote a healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of the Early Childhood Coordination of the Health and Human Services. \_\_\_\_\_ Yes \_\_\_\_\_ No

\*\*\* Signature of Applicant: \_\_\_\_\_ Date Signed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*\*\*

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 )

NOTARY PUBLIC ACKNOWLEDGEMENT

State of \_\_\_\_\_ County of \_\_\_\_\_

This Instrument was acknowledged before me on \_\_\_\_\_  
(Date)

By \_\_\_\_\_  
(Print Name of Applicant acknowledging)

Signature of Notary \_\_\_\_\_

Notary Seal

MAIL THIS APPLICATION WITH A SIGNED NOTARIZED STATEMENT, MONEY ORDER, & COPY OF PHOTO ID TO:  
CARRIE ARRINGTON, ARANSAS COUNTY CLERK  
2840 HWY 35 N, ROCKPORT, TEXAS 78382