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

			(Please Pr				
		(Con	nplete Lines 1 to 6 on	the Deceased Person)		
1. Full Name of Per	son on Reco	ord:					
			First	Middle		Last	
2 Date of Death:		/	/	3 Sex	Male or Female	<u> </u>	
2. Date of Death:	Month	Day	Year	5. Sem _	Trial of Tollian	<u>=</u>	
4 Place of Dooth				A mamaga C	overty. Towas		
4. Place of Death: _	City or Town			Aransas C	_ Aransas County, Texas		
5. Full Name of Par	rent 1:	First	Middl	e	Last/Maiden Na	me	
		1 1130	1.11441			-	
6. Full Name of Par	rent 2:		3 27 1 10		Y (04:1 3)		
		First	Middl	le	Last/Maiden Na	me	
		(Person	Requesting Record C	ompletes Lines 7 to 1	11)		
7. Your Name:				Talanhana	/	/	
7. Tour Name.				o. rerephone	/	_/	
9. Mailing Address:	.						
9. Mailing Address:	Street	Address	City		State	Zip	
10 If a Certified con	Street A	Address	City ome other person	nlease comple	te: (Mail Order	Only)	
10 If a Certified con	Street A	Address	City ome other person	nlease comple	te: (Mail Order	Only)	
	Street A	Address	City ome other person	nlease comple	te: (Mail Order	Only)	
10. If a Certified cop Name: City:	Street A	Address ailed to so	City ome other person M St	, please comple ailing Address: ate:	te: (Mail Order	Only)Zip:	
10. If a Certified cop Name: City:	Street A	Address ailed to so	City ome other person M St	, please comple ailing Address: ate:	te: (Mail Order	Only)Zip:	
10. If a Certified cop Name: City: 11. Your Signature: WARNING: IT IS	Street Any is to be m	Address ailed to so	City Ome other person M St MATION ON THIS DOCUM	, please comple ailing Address: cate: Date	te: (Mail Order e:	Only)Zip:	
10. If a Certified cop Name: City: 11. Your Signature: WARNING: IT IS STAT	Street Any is to be much safety as a felony to farement in this	Address ailed to so	City ome other person MSi	n, please comple failing Address: tate: Date MENT. THE PENALTLY IN THE PENAL	te: (Mail Order e: FOR KNOWINGLY MAK	Only)Zip:	
10. If a Certified cop Name: City: 11. Your Signature: WARNING: IT IS STAT	Street Any is to be much say is to be much say is a felony to farement in this risonment and	Address ailed to so	City Dime other person M St MATION ON THIS DOCUMER SIGNING A FORM W	, please comple ailing Address: cate: Date MENT. THE PENALTLY INTELLY INTELLY CODE, CHAPTER	te: (Mail Order e: FOR KNOWINGLY MAK ALSE STATEMENT IS 2 R 195, SEC: .195.003)	Only)Zip:	

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

Rockport, Texsa 78382

PHOTO ID REQUIREDFEE: \$21.00**MONEY ORDER ONLY**