

DC DOC# \_\_\_\_\_  
 AMT: \$ \_\_\_\_\_ Money Order Only  
 DATE: \_\_\_\_\_  
 BY: \_\_\_\_\_

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 TOTAL: \_\_\_\_\_

# APPLICATION FOR ARANSAS COUNTY DEATH RECORD BY MAIL

**\*Cannot provide out of county death records\***

**1. Full Name of Person on Record:** \_\_\_\_\_

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
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**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:** \_\_\_\_\_

<b>First Name</b>	<b>Middle Name</b>	<b>Maiden Name/ Last Name</b>
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**6. Full Name of Parent 2:** \_\_\_\_\_

<b>First Name</b>	<b>Middle Name</b>	<b>Maiden Name/Last Name</b>
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**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. 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 \_\_\_\_\_

**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)

## STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me on this day appeared \_\_\_\_\_, Applicant

The applicant presented the following type and number of identification:

*The applicant on oath deposes and says that the contents of this application are true and correct.*

Sworn and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

Typed or Printed Name: \_\_\_\_\_

Commission Expires: \_\_\_\_\_ Notary ID: \_\_\_\_\_

Street Address:

City, State, Zip: \_\_\_\_\_

{NOTARY SEAL}

**MAIL THIS APPLICATION WITH THE NOTARY ACKNOWLEDGEMENT, MONEY ORDER,  
& COPY OF PHOTO ID TO:**

**MISTY KIMBROUGH, ARANSAS COUNTY CLERK**  
**2718 HWY 35 N ROCKPORT, TX 78382**