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ARANSAS COUNTY CLERK  
MISTY KIMBROUGH  
2718 HWY 35 N ROCKPORT,  
TEXAS 78382  
361-790-0122

**APPLICATION FOR AN ARANSAS COUNTY BIRTH RECORD  
BY MAIL**

*\*Cannot provide out of county birth records using mail in service\**

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. Full Mailing Address: \_\_\_\_\_  
Street Address / PO Box City State Zip

10. Relationship to Person named in item 1: \_\_\_\_\_

11. Purpose for Obtaining this Record: \_\_\_\_\_

12. 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 ON THIS FORM OR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC**

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 affidavit are true and correct.*

Sworn to 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**