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ARANSAS COUNTY CLERK

MISTY KIMBROUGH

2718 HWY 35 N

ROCKPORT, TEXAS 78382

361-790-0122

APPLICATION FOR ARANSAS COUNTY DEATH RECORD
BY MAIL

Cannot provide out of county death records by mail

1. Full Name of Person on Record: _____

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. 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)

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 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**