

NOTICE: THIS DOCUMENT
CONTAINS SENSITIVE DATA

ANNE LORENTZEN

DISTRICT CLERK



DISTRICT COURTS / COUNTY COURTS AT LAW
901 LEOPARD STREET, ROOM 313
CORPUS CHRISTI, TEXAS 78401
361 888-0450 Fax 888-0571

BVS Information Form

CAUSE NUMBER: _____

Case Type:

- Divorce/Annulment with Children
- Divorce/Annulment without Children
- Suit Affecting Parent/Child Relationship (SAPCR)
 - Paternity Child Support Conservatorship Termination
- Change of Name (Child)

Full Name _____ Maiden Name: _____

Place of Birth: _____ Race: _____ Date of Birth: _____

Physical Address: _____ Social Sec. # _____

Date of Marriage: _____ Place of Marriage: _____ Num. of Minor Children: _____

Child 1:

Full Name: _____

Place of Birth: _____ Date of Birth: _____

Child 2:

Full Name: _____

Place of Birth: _____ Date of Birth: _____

Child 3:

Full Name: _____

Place of Birth: _____ Date of Birth: _____ *Continue on back if necessary*

I certify that the forgoing information is true and correct.

Signature