Personal Representative General Information
Brazos County Court at Law Number _____

Cause #_____Case Style_____
Guardianship____Deceased ____Your relationship to the above named:_____
Your Full Name: _____
(Last) (First) (Middle) (Maiden)

Home Address: _____
(Street) (City) (State) (Zip Code)

Business Address: _____
(Street) (City) (State) (Zip Code)

Home Phone: _(___)_____ Business Phone:_(___)_____
Employer:_____ Occupation:_____
Date of Birth: _____ Place of Birth:_____
Social Security No._____ Driver's Lic.# with State _____

Spouse's Full Name:_____
(Last) (First) (Middle) (Maiden)
Home Phone: _(___)_____ Business Phone:_(___)_____
Employer:_____ Occupation:_____
Date of Birth: _____ Place of Birth:_____
Social Security No._____ Driver's Lic.# with State _____
RELATIVES WHO WILL ALWAYS KNOW HOW TO CONTACT YOU:
Name: _____Phone:_(___)_____
Address:_____
(Street) (City) (State) (Zip Code)

Name: _____Phone:_(____)_____
Address:_____
(Street) (City) (State) (Zip Code)

YOU **MUST** NOTIFY THE COURT **IN WRITING** OF ANY CHAGES IN THE ABOVE INFORMATION

Before me, the undersigned authority, on this _____day of_____ _____, 20 __ personally appeared _____, known to me to be the person who named and stated on their oath that the facts contained herein are true and correct to the best of their knowledge.

_____

GIVEN UNDER MAY HAND AND SEAL OF OFFICE this _____day of _____, 20__

Karen McQueen, Brazos County Clerk

By:_____
Deputy County Clerk