

Travis County Probate Court No. 1 & 2

DEPENDENT ADMINISTRATOR GENERAL INFORMATION FORM

This form is to be filled out before the hearing by the person seeking to be named dependent administrator. Please print and fill out both pages of the form. This form will not be placed in the Clerk's Records. It will be kept in a confidential Court file.

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You must notify the Court – in writing – of any change in your contact information.

Date: _____ Cause No. C-1-PB-_____ - _____

Decedent's name: _____

Dependent Administrator's Information

Name: _____
(Last) (First) (Middle) (Maiden)

Your relationship to the Deceased: _____

Your address: _____
(Street address) (City) (State) (Zip)

Phone numbers: _____
(Home) (Work) (Cell or other)

Email: _____

Employer: _____ Occupation: _____

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

Drivers Lic. or State ID # _____ State _____ SSN# _____ - _____ - _____

Date of birth: _____ Place of birth: _____

Current Spouse: (Check here if not currently married:)

Name: _____
(Last) (First) (Middle) (Maiden)

Phone numbers: _____
(Home) (Work) (Cell or other)

Employer: _____ Occupation: _____

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

Drivers Lic. or State ID # _____ State _____ SSN# _____ - _____ - _____

Contact information for two relatives who will always know how to contact you:

(1) Name: _____ Phone numbers: _____

Address: _____
(Street address) (City) (State) (Zip)

(2) Name: _____ Phone numbers: _____

Address: _____
(Street address) (City) (State) (Zip)

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Cause No. C-1-PB-_____ - _____

Decedent's name: _____

If there are any minor heirs, please list the name and birth date of every minor heir:

Dependent Administrator's printed name

Dependent Administrator's signature