

# Texas Child Support Disbursement Unit Registry Information Record

*This form must be filled out for the Comal County Child Support Division*

Order Type: Circle One      Divorce/ Paternity / SAPCR / Enforcement / Modification  
Order Status: Circle One      Final / Temporary

Cause No. \_\_\_\_\_ Today's Date: \_\_\_\_\_

Obligee: \_\_\_\_\_ Obligor: \_\_\_\_\_

Soc Sec No. \_\_\_\_\_ Soc Sec No. \_\_\_\_\_

Driver Lic. No. \_\_\_\_\_ State: \_\_\_\_\_ Driver Lic. No. \_\_\_\_\_ State: \_\_\_\_\_

DOB: \_\_\_\_\_ DOB: \_\_\_\_\_

Home address: \_\_\_\_\_ Home address: \_\_\_\_\_

\_\_\_\_\_

Phone: (H) \_\_\_\_\_ Phone: (H) \_\_\_\_\_

Phone: (W) \_\_\_\_\_ Phone: (W) \_\_\_\_\_

Relationship To Child/ren \_\_\_\_\_ Relationship To Child/ren \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Soc Sec No: \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Soc Sec No: \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Soc Sec No: \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Soc Sec No: \_\_\_\_\_

Obligee Attorney: \_\_\_\_\_ Obligor Attorney: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Information Furnished By: \_\_\_\_\_ Date: \_\_\_\_\_