

P. O. Box 480
Belton, Texas 76513
(254) 933-5160



Security Paper: _____
LFN: _____

Application for Birth or Death Certificate

Shelley Coston, Bell County Clerk

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

BIRTH CERTIFICATES

____ Certified Copies X \$23.00 _____

DEATH CERTIFICATES

____ Certified Copies X \$21.00 _____

____ Additional Copies X \$4.00 _____

Make check or money orders payable to: Bell County Clerk

No out of State checks will be accepted

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)

Full Name of Person on Record	First Name	Middle Name	Last Name
Date of Birth or Death	Month	Day	Year
Place of Birth or Death	City or Town	County	Sex
Full Name of Parent 1	First Name	Middle Name	Last Name/Maiden Name
Full Name of Parent 2	First Name	Middle Name	Last Name/Maiden Name

APPLICANT INFORMATION (Part II)

Applicant's Name	Telephone #	Email Address
Full Mailing Address	Street Address	City State Zip
Relationship to person listed above	Purpose for obtaining this record:	
<input type="checkbox"/> I authorize mailing to the address below. I have verified that the address below will receive my order.		
Name of Person Receiving Copies, if Different from Applicant		
Mailing Address for Copies, if Different from Applicant		
City	State	Zip

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF NOTARY PUBLIC) (Part III)

STATE OF _____ COUNTY OF _____ Before me on this day appeared _____
(Applicant Name)

now residing at _____
(Address) (City) (State)

Who is related to the person named on Part I as _____ and who on oath deposes and says that the contents of this affidavit are true and correct.

The applicant presented the following type and number of identification: _____

Applicant Signature _____

Sworn to and subscribed before me, this _____ day of _____, 20_____.

Signature of Notary Public and Notary ID number _____

Typed or Printed Name: _____

Commission Expires: _____

Street Address: _____

City State Zip: _____

MAIL THIS APPLICATION, PAYMENT, AND PHOTOCOPY OF YOUR VALID PHOTO ID TO:

Bell County Clerk, Attn: Vital Records Department

P. O. Box 480, Belton, Texas 76513

******ALL PURCHASES ARE FINAL******