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Shelley Coston
Bell County Clerk

BIRTH CERTIFICATES

____ Certified Copies X \$23.00 ____

DEATH CERTIFICATES

____ Certified Copies X \$21.00 ____

____ Additional Copies X \$4.00 ____

Application for Birth or Death Certificates

1.Full Name of Person on Record	First Name	Middle Name	Last Name
2.Date of Birth or Death	Month	Day	Year
3.Place of Birth or Death	City or Town	County	4. Sex
5.Full Name of Father	First Name	Middle Name	Last Name
6.Full Maiden Name of Mother	First Name	Middle Name	Maiden Name

7. Your Name: _____ 8. Telephone #: (____) _____

9. Relationship to person named in item #1: _____

10. Reason for copy: (Personal Records) _____ (Passport) _____

11. Address to mail birth certificate: _____
Street City State Zip

Your Signature: _____ Date of Application: _____

APPLICATIONS WITHOUT PHOTO ID WILL NOT BE PROCESSED

If paying by credit card please provide the following information:

Circle one: Master Card Visa American Express Discover

<u>CARDHOLDER NAME</u>	<u>CARD NUMBER</u>	<u>EXPIRATION DATE</u>
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WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN RESULT IN 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (PURSUANT TO TX HEALTH AND SAFETY CODE, CHAPTER 678, SEC. 195.003)