

P. O. Box 480
Belton, Texas 76513



(254)933-5160
Fax (254) 933-5176
Email: Vital.Statistics@co.bell.tx.us

Security Paper: _____
LFN#: _____

Shelley Coston

Bell County Clerk

Application for Birth or Death Certificate

REQUESTORS: PLEASE PRINT; INCLUDE A PHOTOCOPY OF YOUR VAILD PHOTO ID AND SWORN STATEMENT WHEN SENDING THE REQUEST. 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 _____

BIRTH/DEATH RECORD INFORMATION

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 Parent 1	First Name	Middle Name	Last Name/Maiden Name
6.Full Name of Parent 2	First Name	Middle Name	Last Name/Maiden Name

REQUESTOR INFORAMTION

Requestor Name	Telephone #	Email Address
Full Mailing Address	Street Address	City State Zip
Relationship to person listed above	Purpose for obtaining this record:	

Name of Person Receiving Copies, if Different from Requestor		
Mailing Address for Copies, if Different from Requestor		
City	State	Zip

Would you like to donate \$5.00 to promote Early Childhood Health by the Texas Home Visiting Program? Yes _____ No _____

Your Signature: _____ Date of Application: _____

*****Documents are mailed via regular U.S. Mail. Clerk's office is NOT responsible for misdirected mail.*****

*****NO OUT-OF-STATE CHECKS*****

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

If paying by credit/debit card please provide the following information **and a photo copy of the cardholders ID:**

Circle one: Master Card Visa American Express Discover

CARDHOLDER NAME	CARD NUMBER	EXPIRATION DATE
-----------------	-------------	-----------------

There is a convenience fee associated with the use of a credit/debit card. The convenience fee for \$1 - \$100 is \$3.00; please call for the convenience fee if the amount you are purchasing is over \$100.00.

(APPLICATIONS WITHOUT SIGNATURE, PHOTO ID AND ATTACHED SWORN STATEMENT WILL NOT BE PROCESSED)

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE	
FULL NAME OF PERSON ON RECORD	DATE OF BIRTH/DEATH
PLACE OF BIRTH/DEATH (City or County)	SEX
FULL NAME OF PARENT 1	FULL NAME OF PARENT 2

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.	
STATE OF _____	
COUNTY OF _____	
Before me on this day appeared _____ (Name)	
Now residing at _____ (Address) (City) (State) (Zip)	
who is related to the person named on Part I as _____ and who on oath deposes and (Relationship)	
says that the contents of this affidavit are true and correct.	
	Signature _____
Sworn to and subscribed before me, this _____ day _____, 20_____	
<i>(Seal)</i>	Signature of Notary Public
	Commission Expires
	Typed or Printed Name
	Street Address
	City, State and Zip

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)

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

**Bell County Clerk
Attn: Vital Records Department
P. O. Box 480
Belton, Texas 76513**

(APPLICATIONS WITHOUT SIGNATURE, SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)