

**Coleman County Clerk**  
**100 Liveoak Street, Suite 105, Coleman, Texas 76834**  
**Ph. 325.625.2889 / Email: [cclerk@web-access.net](mailto:cclerk@web-access.net)**

Website: <http://www.co.coleman.tx.us/ips/cms/countyoffices/countyClerk.html>

**Application for Certified Copy of Birth or Death Record**

|                                       |         |
|---------------------------------------|---------|
| <b>Birth</b> <input type="checkbox"/> |         |
| # Requested                           | = _____ |
| ____ Certified Copies x \$23.00       | = _____ |
| Total Enclosed                        | = _____ |

|                                       |         |
|---------------------------------------|---------|
| <b>Death</b> <input type="checkbox"/> |         |
| # Requested                           | = _____ |
| ____ Certified Copies x \$21.00       | = _____ |
| ____ Extra Copies of Same Record      | = _____ |
| X \$ 4.00                             | = _____ |
| Total Enclosed                        | = _____ |

Payments can be made by cash, check, money order or credit cards.

Online payments can be made by accessing the above link and selecting online payments.

**Please Print**

|                                     |              |             |  |
|-------------------------------------|--------------|-------------|--|
| 1. Full Name of Person on Record    | First Name   | Middle Name | Last Name                                      |
| 2. Date of Birth/or Date of Death   | Month        | Day         | Year   |
| 3. Place of Birth/or Place of Death | City or Town | County      | State <span style="float: right;">Texas</span> |
| 4. Full Name of Father              | First Name   | Middle Name | Last Name                                      |
| 5. Full Maiden Name of Mother       | First Name   | Middle Name | Maiden Name                                    |

6. Your (Applicants) Name \_\_\_\_\_ 7. Telephone # \_\_\_\_\_

8. Mailing Address: \_\_\_\_\_  
Street Address City, State Zip

9. Relationship to Person Named in item 1: \_\_\_\_\_

10. Purpose for obtaining record: \_\_\_\_\_

11. Additional indentifying information for Death Certificate  
 Social Security Number of Deceased \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Birth Place, Etc. \_\_\_\_\_

**WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000.00. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)**  
 Birth Records are confidential for 75 years and death records for 25 years; therefore, issuance is restricted.  
 Administrative rules require that on restricted records, all indentifying information (Item 1-5), relationship (Item 9), and the purpose (Item 10) be provided in order to issue the record.

**ATTACH PHOTOCOPY OF VALID IDENTIFICATION. APPLICATION WILL NOT BE PROCESSED WITHOUT IDENTIFICATION**

Your Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

Identification Type \_\_\_\_\_ Number \_\_\_\_\_