Coleman County Clerk
100 Liveoak Street, Suite 105, Coleman, Texas 76834
Ph. 325.625.2889 / Email: 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

Birth ☐

Requested
_____Certified Copies x **$23.00** =_____
Total Enclosed =_____

Death ☐

Requested
_____Certified Copies x **$23.00** =_____
_____Extra Copies of Same Record
X **$ 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
See Reverse Side for Instructions

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

Your Signature_____ **Date of Application**_____

Identification Type_____ **Number**_____