

BELL COUNTY
CONFIDENTIAL RECORDS COPY REQUEST FORM

Our office charges \$10.00 record search fee. This is payable by exact cash or money order and is due at the time of filing the request. **A copy of picture I.D. or Driver's license is required.**

DATE: _____ CAUSE # (IF KNOWN): _____

NAME OF CHILD: _____

ADOPTIVE PARENTS NAMES: _____

APPROXIMATE DATE OF ADDOPTION (IF KNOWN): _____

BIRTH NAME (IF KNOWN): _____

BIRTH MOTHERS NAME (IF KNOWN): _____

BIRTH FATHERS NAME (IF KNOWN):- _____

NAME OF PERSON REQUESTING INFORMATION: _____

RELATIONSHIP TO CHILD: _____

DOCUMENT(S) YOU ARE REQUESTING: _____

ADDRESS: _____

DAYTIME PHONE: _____

REASON FOR REQUEST _____

DATE _____ SIGNED: _____

On this day the above application for release of records was presented for approval. I therefore **GRANT/DENY** the request for the release of the aforementioned information.

Date

DISTRICT JUDGE