

BELL COUNTY DISTRICT CLERK
APPLICATION FOR RELEASE OF ADOPTION RECORDS

Our office charges a \$5.00 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 a picture I.D. or driver's license is required.

Name of Child: _____ Date of Birth: _____

Adoptive Parents' Names: _____

Approximate Date of Adoption (if known): _____

Birth Name (if known): _____

Birth Mother's Name (if known): _____

Birth Father's Name (if known): _____

Name of Person Requesting Information: _____

Address: _____

City, State, Zip: _____

Daytime Phone #: _____

Relationship to Child: _____

Reason for Request: _____

Date: _____

Signature

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

Date: _____

District Judge