



In-person requests - Beginning March 1, 2011, applicants must show identification when requesting certified copies of a vital record.
Mail-in requests - Must be notarized by an acceptable notary public. If mailing, please enclose a self-addressed, stamped envelope with this application.
 Local Public Health Department access for birth records is from 1920-present and for death records 1980-present.

BIRTH Certificate Request	Number of copies _____ (First copy issued \$15; Each additional copy \$15)
FULL NAME on certificate (at birth or adoption) _____	
ALSO KNOWN AS (IF COULD BE RECORDED UNDER ANOTHER NAME) _____	
DATE OF BIRTH _____	PLACE OF BIRTH <i>Missouri only</i> (City or County) _____
HOSPITAL (if known) _____ SEX FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>	
FULL NAME OF FATHER _____	
FULL NAME OF MOTHER (MAIDEN) _____	

DEATH Certificate Request	Number of copies _____ (First copy issued \$13; Each additional copy of the same record ordered at the same time \$10)
FULL NAME ON CERTIFICATE _____	
DATE OF DEATH _____	DATE OF BIRTH _____ SEX FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>
PLACE OF DEATH <i>Missouri only</i> (City or County) _____	
FULL NAME OF SPOUSE _____	
FULL NAME OF FATHER _____	
FULL NAME OF MOTHER (MAIDEN) _____	

BIRTH and DEATH Certificate Requests

YOUR NAME _____ PHONE NUMBER _____

YOUR STREET ADDRESS _____

YOUR CITY _____ STATE _____ ZIP _____

PURPOSE FOR CERTIFICATE REQUEST _____

YOUR RELATIONSHIP TO PERSON NAMED ON RECORD _____

(If you are legal guardian, provide guardianship papers; if legal representative, indicate legal relationship.)

I DO SOLOMONLY DECLARE AND AFFIRM THAT I AM ELIGIBLE TO RECEIVE A CERTIFIED COPY OF THE VITAL RECORD REQUESTED ABOVE AND THAT THE INFORMATION IS TRUE UNDER THE PAINS AND PENALTIES OF PERJURY.

YOUR SIGNATURE _____ DATE _____

MAIL-IN REQUESTS MUST BE NOTARIZED. IF MAILING, ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE.

Notary Public Embosser Seal	State _____	County _____
	Subscribed, Declared and Affirmed before me, This _____ Day of _____, 20_____	
	Notary Public Signature _____	My Commission Expires _____
	Notary Public Name (Typed or Printed) _____	