



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF VITAL RECORDS
APPLICATION FOR COPY OF BIRTH OR DEATH CERTIFICATION

P.O. BOX 570
 JEFFERSON CITY, MISSOURI 65102-0570

Missouri law requires a fee for a search of the files. Applicant will receive one (1) certified copy if record is found. If no record is found, the fee is retained for the search. A statement will be issued if no record is found.

****Certified copies are computer generated and are valid for all legal purposes.**

FEE MUST ACCOMPANY APPLICATION

Check or money order payable to: **Missouri Department of Health and Senior Services**
 Statewide recording of birth and death records began January 1, 1910

TYPE OR PRINT ALL ITEMS EXCEPT SIGNATURES

BIRTH _____ (Quantity)	DEATH _____ (Quantity)
<p>A \$15.00 fee is required for each five (5) year search of the files for a birth certificate. If the record is found, one (1) certified copy will be provided. There is a \$15.00 fee for each additional copy of the same record.</p>	<p>A \$13.00 fee is required for each five (5) year search of the files for a death certificate. If the record is found, one (1) certified copy will be provided. There is a \$10.00 fee for each additional copy of the same record ordered at the same time.</p>
NAME ON CERTIFICATE (FIRST) (MIDDLE) (LAST)	NAME ON CERTIFICATE (FIRST) (MIDDLE) (LAST)
ALSO KNOWN AS (INDICATE IF BIRTH COULD BE RECORDED UNDER ANOTHER NAME)	PLACE OF DEATH (CITY) (COUNTY) SEX
DATE OF BIRTH (MONTH) (DAY) (YEAR)	DATE OF DEATH (MONTH) (DAY) (YEAR) RACE
PLACE OF BIRTH (CITY) (COUNTY) (STATE)	DATE OF BIRTH AGE SS# (IF KNOWN)
HOSPITAL SEX RACE	SPOUSE'S NAME (FIRST) (MIDDLE) (LAST)
FATHER'S NAME (FIRST) (MIDDLE) (LAST)	FATHER'S NAME (FIRST) (MIDDLE) (LAST)
MOTHER'S NAME (FIRST) (MIDDLE) (MAIDEN)	MOTHER'S NAME (FIRST) (MIDDLE) (MAIDEN)

Please enclose a Self Addressed Stamped Envelope with your Request

YOUR SIGNATURE	DAYTIME PHONE ()
ADDRESS (STREET OR P.O. BOX) (CITY) (STATE) (ZIP)	
PURPOSE FOR WHICH CERTIFIED COPY IS TO BE USED	
YOUR RELATIONSHIP TO PERSON NAMED ON CERTIFICATE (SELF, MOTHER, SPOUSE, ETC.) (IF LEGAL GUARDIAN, MUST PROVIDE GUARDIANSHIP PAPERS)	
IF LEGAL REPRESENTATIVE – INDICATE LEGAL RELATIONSHIP	

WARNING: False application for a certified copy of a valid record is a crime.