



Public Health
Prevent. Promote. Protect.

Cole County
Health Department

COLE COUNTY HEALTH DEPARTMENT
3400 W. TRUMAN BLVD
JEFFERSON CITY, MO. 65109
APPLICATION FOR MISSOURI VITAL RECORD-BIRTH/DEATH

When completing this application in-person, applicants must show proper identification. Mail-in request must be notarized by an acceptable notary public and include a self-addressed stamped return envelope. All applications must include necessary fees and, if applicable, tangible interest documentation. Missouri law requires a non-refundable fee for each vital record request.

BIRTH **NUMBER OF COPIES** **\$15.00 PER COPY**

FULL NAME ON CERTIFICATE

ALSO KNOWN AS (INDICATE IF BIRTH COULD BE RECORDED UNDER ANOTHER NAME)

DATE OF BIRTH PLACE OF BIRTH (CITY, COUNTY, STATE)

HOSPITAL SEX FEMALE MALE RACE:

FULL NAME OF FATHER

FULL MAIDEN NAME OF MOTHER

DEATH **NUMBER OF COPIES** **\$14.00 1ST COPY; \$11 ADD. COPIES**

FULL NAME ON CERTIFICATE

DATE OF BIRTH SEX FEMALE MALE RACE:

DATE OF DEATH PLACE OF DEATH (CITY, COUNTY, STATE)

FULL NAME OF SPOUSE

FULL NAME OF FATHER

FULL MAIDEN NAME OF MOTHER

APPLICANT – THE INDIVIDUAL OR ENTITY REQUESTING A COPY OF A VITAL RECORD MUST COMPLETE THE FOLLOWING

APPLICANT'S NAME PHONE NUMBER

APPLICANT'S STREET ADDRESS

APPLICANT'S CITY/TOWN STATE ZIP

PURPOSE FOR CERTIFICATE REQUEST

YOUR RELATIONSHIP TO PERSON NAMED ON RECORD (IF LEGAL GUARDIAN, MUST PROVIDE GUARDIANSHIP PAPERS). IF LEGAL REPRESENTATIVE, INDICATE LEGAL RELATIONSHIP. **X**

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

APPLICANTS SIGNATURE X **DATE:**

➤ MAIL-IN REQUESTS MUST BE NOTARIZED. ALL APPLICATIONS MUST BE SIGNED. PLEASE ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE WITH YOUR REQUEST.

NOTARY PUBLIC EMBOSSER SEAL	STATE	COUNTY	
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME , THIS _____ DAY OF _____ , 20 _____		USE RUBBER STAMP IN CLEAR AREA BELOW
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

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