



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.

<b>BIRTH (\$15.00 PER COPY)</b>		<b>NUMBER OF COPIES:</b>		<b>TOTAL DUE:</b>
FULL NAME ON CERTIFICATE				
DATE OF BIRTH	PLACE OF BIRTH (CITY, COUNTY, STATE)			<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
PARENT ONE: FULL NAME		LAST NAME BEFORE 1 <sup>ST</sup> MARRIAGE		
PARENT TWO: FULL NAME		LAST NAME BEFORE 1 <sup>ST</sup> MARRIAGE		

<b>DEATH (\$14.00 1<sup>ST</sup> COPY; \$11 ADD.COPIES)</b>		<b>NUMBER OF COPIES:</b>		<b>TOTAL DUE:</b>
FULL NAME ON CERTIFICATE				
DATE OF BIRTH	DATE OF DEATH			
PLACE OF DEATH (CITY, COUNTY, STATE)		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
FULL NAME OF SPOUSE				
PARENT ONE: FULL NAME		LAST NAME BEFORE 1 <sup>ST</sup> MARRIAGE		
PARENT TWO: FULL NAME		LAST NAME BEFORE 1 <sup>ST</sup> MARRIAGE		

<b>APPLICANT: THE INDIVIDUAL OR ENTITY REQUESTING A COPY OF A VITL RECORD MUST COMPLETE THE FOLLOWING</b>				
APPLICANT'S NAME			PHONE NUMBER	
APPLICANT'S STREET ADDRESS				
APPLICANT'S CITY/TOWN			STATE	ZIP

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 EMBOSSEER 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)		
USE RUBBER STAMP IN CLEAR AREA BELOW		

**WARNING: FALSE APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD IS A CRIME**