



# PHELPS COUNTY HEALTH DEPARTMENT

200 N. Main, Suite G51

Rolla, MO 65401

573-458-6010

Fax: 573-458-6060

## APPLICATION FOR COPY OF BIRTH OR DEATH CERTIFICATE

**Birth** - Certified Copy: **\$15.00** per copy

**Death** - Certified Copy **\$13.00** for first copy, **\$10.00** each additional copy ordered at the same time.

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

**FEE & COPY OF DRIVER'S LICENSE OR SOME FORM OF ID MUST ACCOMPANY APPLICATION  
IF MAILING, DO NOT MAIL CASH**

Check or Money Order Payable to: **PHELPS COUNTY HEALTH DEPARTMENT**

**TYPE OR PRINT ALL ITEMS EXCEPT SIGNATURES**

<b>Birth Certificate</b>			<b>Death Certificate</b>		
(Number of Copies Requested) _____			(Number of Copies Requested) _____		
<b>NAME ON CERTIFICATE</b>			<b>NAME ON CERTIFICATE</b>		
(First)	(Middle)	(Last)	(First)	(Middle)	(Last)
<b>ALSO KNOWN AS</b> (INDICATE IF BIRTH COULD BE RECORDED UNDER ANOTHER NAME)			<b>PLACE OF DEATH</b>		<b>SEX</b>
			(City)	(County)	
<b>DATE OF BIRTH</b>			<b>DATE OF DEATH</b>		<b>RACE</b>
(Month)	(Day)	(Year)	(Month)	(Day)	(Year)
<b>PLACE OF BIRTH</b>			<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>SS # (If Known)</b>
(City)	(County)	(State)			
<b>HOSPITAL</b>	<b>SEX</b>	<b>RACE</b>	<b>SPOUSE'S NAME</b>		
			(First)	(Middle)	(Last)
<b>FATHER'S NAME</b>			<b>FATHER'S NAME</b>		
(First)	(Middle)	(Last)	(First)	(Middle)	(Last)
<b>MOTHER'S NAME</b>			<b>MOTHER'S NAME</b>		
(First)	(Middle)	(Maiden)	(First)	(Middle)	(Maiden)

### PLEASE FILL IN ALL INFORMATION BELOW

<b>Printed Name</b>		<b>Your Signature</b>		
<b>ADDRESS (STREET OR P.O. BOX)</b>		<b>(CITY)</b>	<b>(STATE)</b>	<b>(ZIP)</b>
<b>PURPOSE FOR WHICH CERTIFIED COPY IS TO BE USED:</b>		<b>Today's Date</b>	<b>Daytime Phone</b>	
<b>YOUR RELATIONSHIP TO PERSON NAMED ON CERTIFICATE:</b> (SELF, MOTHER, FATHER, SPOUSE, ETC.) (IF LEGAL GUARDIAN, MUST SHOW GUARDIANSHIP PAPERS)				
<b>IF LEGAL REPRESENTATIVE - INDICATE LEGAL RELATIONSHIP</b>				
<b>If Making Application by Mail, Please Enclose a Self Addressed Stamped Envelope with your Request</b>				
<b>Warning: False application for a certified copy of a valid record is a crime.</b>				