



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF VITAL RECORDS
APPLICATION FOR MISSOURI VITAL RECORD - BIRTH/DEATH

MAIL TO:
 Phelps-Maries County Health Department
 200 N Main St, Ste G-51
 Rolla, MO 65401

When completing this application in-person, applicants must show proper identification. Mail-in requests **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. This fee is to perform a search for the vital record requested and is valid for one (1) year. If no record is found, a statement will be issued.

Checks are cashed/fees are deposited immediately upon receipt of the application. The application is then sent to the Bureau of Vital Records for processing. Therefore, a cashed check does not indicate an application has been processed or completed.

State recording of birth and death records began on January 1, 1910. For more info or to order a vital record online, visit: www.health.mo.gov/vitalrecords

BIRTH/FETAL DEATH REPORT/STILL BIRTH (\$15.00 PER COPY)

SELECT ONE: BIRTH FETAL DEATH REPORT STILL BIRTH NUMBER OF COPIES _____ TOTAL DUE _____

FULL NAME ON CERTIFICATE _____ SELECT ONLY IF LONG FORM BIRTH CERTIFICATE NEEDED

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

DATE OF MO BIRTH (MM/DD/YYYY) _____ PLACE OF MO BIRTH (CITY, COUNTY, STATE) _____

HOSPITAL (IF APPLICABLE) _____ SEX Female Male

PARENT ONE: FULL NAME _____ LAST NAME BEFORE 1ST MARRIAGE _____

PARENT TWO: FULL NAME _____ LAST NAME BEFORE 1ST MARRIAGE _____

DEATH (\$14.00 1ST COPY; \$11 ADDITIONAL COPIES)

NUMBER OF COPIES _____ TOTAL DUE _____

FULL NAME ON CERTIFICATE _____ SELECT ONLY IF LONG FORM DEATH CERTIFICATE NEEDED

DATE OF BIRTH (MM/DD/YYYY) _____ SEX Female Male

DATE OF MO DEATH (MM/DD/YYYY) _____ PLACE OF MO DEATH (CITY, COUNTY, STATE) _____

FULL NAME OF SPOUSE _____

PARENT ONE: FULL NAME _____ LAST NAME BEFORE 1ST MARRIAGE _____

PARENT TWO: FULL NAME _____ LAST NAME BEFORE 1ST MARRIAGE _____

APPLICANT - THE INDIVIDUAL OR ENTITY REQUESTING A COPY OF A VITAL RECORD. MUST COMPLETE THE FOLLOWING:

APPLICANT'S NAME _____ APPLICANT'S PHONE NUMBER _____

APPLICANT'S STREET ADDRESS _____ APT, FL, SUITE _____

APPLICANT'S CITY/TOWN _____ APPLICANT'S STATE _____ APPLICANT'S ZIP _____

PURPOSE FOR CERTIFICATE REQUEST _____ APPLICANT'S EMAIL ADDRESS _____

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

REMEMBER: ENCLOSE A SELF ADDRESSED STAMPED RETURN ENVELOPE, NECESSARY DOCUMENTS, AND FEES WITH YOUR REQUEST. ALL APPLICATIONS MUST BE SIGNED. MAIL-IN REQUESTS MUST BE NOTARIZED.

SUBJECT TO THE PENALTY OF PERJURY, I DO SOLEMNLY DECLARE AND AFFIRM THAT I AM ELIGIBLE, PURSUANT TO CHAPTER 193, RSMO AND 19 CSR 10-10, TO RECEIVE A CERTIFIED COPY OF THE VITAL RECORD(S) REQUESTED ABOVE AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE _____ DATE (MM/DD/YYYY) _____

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)	
USE RUBBER STAMP IN CLEAR AREA BELOW		