



APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATION

INSTRUCTIONS

Recording of births began in this office January 1, 1910. The law requires a fee of \$10 for a search of the files. This fee entitles you to a certified copy, if available. Additional copies are \$10 each. Fee must accompany application.

NO CASH BY MAIL PLEASE. Make check or money order payable to Missouri Department of Health.

Mail this application to:

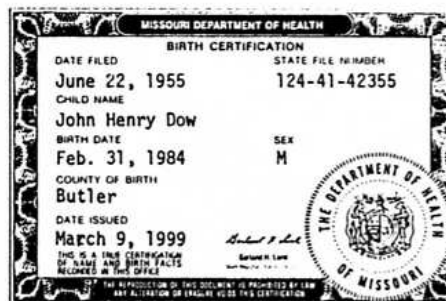
Missouri Department of Health
Bureau of Vital Records
P.O. Box 570
Jefferson City, Missouri 65102-0570

COPIES REQUESTED

Birth Certification How Many
Certification of facts of birth contained in original record. []

Birth Card How Many
A nonlaminated wallet-size card that includes only information shown in sample. []

Amount of Money Enclosed \$



ALL FORMS OF CERTIFICATE \$10.00 EACH

INFORMATION ABOUT PERSON WHOSE BIRTH CERTIFICATE IS REQUESTED (TYPE OR PRINT ALL ITEMS EXCEPT SIGNATURE)

Form with fields for: 1. FULL NAME OF PERSON (First, Middle, Last), 2. DATE OF BIRTH (Month, Day, Year), 3. SEX, 4. RACE, 5. PLACE OF BIRTH (City/Town, County, State, Hospital/Street No., Attending Physician), 6. FULL NAME OF FATHER, 7. FULL MAIDEN NAME OF MOTHER.

*IF NEWBORN, PLEASE WAIT 6 TO 8 WEEKS BEFORE REQUESTING.

PERSON REQUESTING CERTIFIED COPY (IF LEGAL GUARDIAN OF REGISTRANT, SEND ALONG GUARDIANSHIP PAPERS.)

Form with fields for: 8. PURPOSE FOR WHICH CERTIFIED COPY IS TO BE USED, 9. RELATIONSHIP (MUST BE REGISTRANT, MEMBER OF IMMEDIATE FAMILY, LEGAL GUARDIAN, OR LEGAL REPRESENTATIVE), 10. SIGNATURE OF APPLICANT, DATE SIGNED, 12. ADDRESS OF APPLICANT (Street, City/Town, State, ZIP Code).

THIS COUPON MUST BE COMPLETED AND WILL BE USED TO ADDRESS OUR REPLY

NAME OF PERSON CERTIFICATION IS REQUESTED FOR

PLEASE PRINT OR TYPE THE NAME AND ADDRESS OF THE PERSON TO WHOM THE RECORD IS TO BE RETURNED.

Form with fields for: NAME, ADDRESS (NUMBER AND STREET), CITY, STATE, ZIP CODE.

YOUR FEE RECEIPT IS ON THE REVERSE SIDE