

THIS BOX FOR OFFICE USE ONLY

PAY NO.

B.D.

AMOUNT RECEIVED

CERTIFICATE NO.

TYPE OF PAYMENT

 NO RECORD FOUND

DATE

 AFFIDAVIT FORM SENT

CLERK

CERTIFICATE(S) ISSUED (NOS.)

REFUND AUTHORIZED FOR

\$

OR BY CHECK ON (DATE)

DATE OF DISPOSITION

CLERK

WHEN YOU INQUIRE ABOUT YOUR REQUEST, PLEASE RETURN THIS RECEIPT. IF REFUND IS INDICATED, IT WILL BE MAILED WITHIN 30 TO 60 DAYS.

AN UNAPPLIED REMITTANCE IS VALID ONLY ONE YEAR FROM THE DATE OF RECEIPT

REFUND

\$

RECEIVED

NO.

FOR

 SHORT FORM

OF BIRTH RECORD

 CERTIFIED COPY BIRTH CARD

DATE

CLERK

MISSOURI DEPARTMENT OF HEALTH
 BUREAU OF VITAL RECORDS
 P.O. BOX 570
 JEFFERSON CITY, MISSOURI 65102-0570