

## BIRTH AND DEATH CERTIFICATE APPLICATION

Beginning March 1, 2011, applicants must show identification when requesting certified copies of a vital record at the state health department.  
**Mail-in requests must be notarized by an acceptable notary public.**

If eligibility requirements are met and a record is found, applicant is entitled to certified copies. A statement will be issued if no record is found.  
**FEES MUST ACCOMPANY APPLICATION. FEES ARE VALID FOR ONE YEAR.** Check or money order payable to: **JOHNSON COUNTY COMMUNITY HEALTH SERVICES (JCCHS)**. State recording of birth and death records began January 1, 1910. JCCHS can access Birth records from 1920 on and Death records from 1980 on. All others need to go to the state website at: [www.health.mo.us](http://www.health.mo.us) or call (573) 751-6387

**BIRTH** NUMBER OF COPIES \_\_\_\_\_ (FIRST COPY ISSUED \$15; EACH ADDITIONAL COPY \$15)  
 FULL NAME ON CERTIFICATE \_\_\_\_\_  
 ALSO KNOWN AS (INDICATE IF BIRTH COULD BE RECORDED UNDER ANOTHER NAME) \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH (CITY, COUNTY, STATE) \_\_\_\_\_  
 HOSPITAL \_\_\_\_\_ SEX FEMALE  MALE  RACE \_\_\_\_\_  
 FULL NAME OF FATHER \_\_\_\_\_  
 FULL MAIDEN NAME OF MOTHER \_\_\_\_\_

**DEATH** NUMBER OF COPIES \_\_\_\_\_ (FIRST COPY ISSUED \$13; EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME \$10)  
 FULL NAME ON CERTIFICATE \_\_\_\_\_  
 DATE OF DEATH \_\_\_\_\_ SEX FEMALE  MALE  RACE \_\_\_\_\_  
 PLACE OF DEATH (CITY, COUNTY, STATE) \_\_\_\_\_  
 FULL NAME OF SPOUSE \_\_\_\_\_  
 FULL NAME OF FATHER \_\_\_\_\_  
 FULL MAIDEN NAME OF MOTHER \_\_\_\_\_

**PLEASE PRINT CLEARLY:**

APPLICANT'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 APPLICANT'S STREET ADDRESS \_\_\_\_\_  
 APPLICANT'S CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PURPOSE FOR CERTIFICATE REQUEST \_\_\_\_\_  
 YOUR RELATIONSHIP TO PERSON NAMED ON RECORD  
 (IF LEGAL GUARDIAN, MUST PROVIDE GUARDIANSHIP PAPERS AND INDICATE LEGAL GUARDIANSHIP.) \_\_\_\_\_

**MAIL-IN REQUESTS MUST BE NOTARIZED AND ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE. ALL APPLICATIONS MUST BE SIGNED.**

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.

➤ **PRINTED NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_  
 ➤ **APPLICANT'S SIGNATURE** \_\_\_\_\_

<b>NOTARY PUBLIC EMBOSSEER SEAL</b>	STATE _____	COUNTY _____
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME , THIS _____ DAY OF _____ , 20 _____	
	NOTARY PUBLIC SIGNATURE _____	MY COMMISSION EXPIRES _____
	NOTARY PUBLIC NAME (TYPED OR PRINTED) _____	
<b>USE RUBBER STAMP IN CLEAR AREA BELOW</b>		

**WARNING: False application for a certified copy of a vital record is a crime.**