



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS

APPLICATION FOR MISSOURI VITAL RECORD - BIRTH/DEATH

MAIL TO:
DHSS - Bureau of Vital Records
930 Wildwood Dr.
Jefferson City, MO 65109

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		