



**Public Health**  
Prevent. Promote. Protect.

Cole County  
Health Department

**COLE COUNTY HEALTH DEPARTMENT  
3400 W. TRUMAN BLVD  
JEFFERSON CITY, MO. 65109  
APPLICATION FOR MISSOURI VITAL RECORD-BIRTH/DEATH**

When completing this application in-person, applicants must show proper identification. Mail-in request 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.

<b>BIRTH</b>	<b>NUMBER OF COPIES</b>		<b>\$15.00 PER COPY</b>
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 <input type="checkbox"/>	MALE <input type="checkbox"/>
		RACE:	
FULL NAME OF FATHER			
FULL MAIDEN NAME OF MOTHER			
<b>DEATH</b>	<b>NUMBER OF COPIES</b>		<b>\$14.00 1<sup>ST</sup> COPY; \$11 ADD. COPIES</b>
FULL NAME ON CERTIFICATE			
DATE OF BIRTH	SEX	FEMALE <input type="checkbox"/>	MALE <input type="checkbox"/>
		RACE:	
DATE OF DEATH	PLACE OF DEATH (CITY, COUNTY, STATE)		
FULL NAME OF SPOUSE			
FULL NAME OF FATHER			
FULL MAIDEN NAME OF MOTHER			
<b>APPLICANT – THE INDIVIDUAL OR ENTITY REQUESTING A COPY OF A VITAL RECORD MUST COMPLETE THE FOLLOWING</b>			
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). IF LEGAL REPRESENTATIVE, INDICATE LEGAL RELATIONSHIP. _____			
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.			
<b><i>APPLICANTS SIGNATURE X</i></b>			<b><i>DATE:</i></b> _____
<b>➤ MAIL-IN REQUESTS MUST BE NOTARIZED. ALL APPLICATIONS MUST BE SIGNED. PLEASE ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE WITH YOUR REQUEST.</b>			
NOTARY PUBLIC EMBOSSER SEAL	STATE		COUNTY
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME ,		USE RUBBER STAMP IN CLEAR AREA BELOW
	THIS _____ DAY OF _____ , 20 _____		
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

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