Missouri Department of Health & Senior Services
Bureau of Vital Records

Application for Certified Copy of Birth Certification

Cert # _____
Processor _____
Date _____
Payment: ☐ Cash ☐ Check # _____
Amount Paid: _____

INSTRUCTIONS

A $15.00 search fee is required when requesting a birth record. For additional copies, applicant should submit a fee of $15.00 for each. **FEE MUST ACCOMPANY APPLICATION. No cash by mail please.**

MAKE CHECK OR MONEY ORDER PAYABLE TO:

LINCOLN COUNTY HEALTH DEPARTMENT

MAKE THIS APPLICATION TO:

LINCOLN COUNTY HEALTH DEPARTMENT
 # 5 HEALTH DEPARTMENT DRIVE
TROY, MISSOURI 63379

Office hours--8:00 a.m.—4:30 p.m.
Monday thru Friday

Phone: 636-528-6117

COPIES REQUESTED

Birth Certification (Certification of facts of birth contained in original record)	**How Many** ☐ **$15 each**

AMOUNT OF MONEY ENCLOSED
$

RECORDS ARE FILED BY YEAR OF EVENT AND ALPHABETICALLY BY THE NAME OF THE PERSON AT THE TIME OF EVENT. AT LEAST THE MONTH AND YEAR OF BIRTH AND THE FIRST AND LAST NAME OF THE REGISTRANT MUST BE GIVEN BEFORE A SEARCH CAN BE MADE.

INFORMATION ABOUT PERSON WHOSE BIRTH CERTIFICATE IS REQUESTED (**TYPE** or **PRINT** all items **EXCEPT**

1. FULL NAME OF PERSON

FIRST NAME	MIDDLE NAME	LAST NAME (MAIDEN NAME)

IF THIS BIRTH COULD BE RECORDED UNDER ANOTHER NAME, PLEASE INDICATE THE NAME

2. DATE OF BIRTH **3. SEX** **4. RACE**

MONTH	DAY	YEAR	SEX	RACE	

5. PLACE OF BIRTH

CITY OR TOWN	COUNTY	STATE		
HOSPITAL OR STREET NUMBER	**ATTENDING PHYSICIAN NAME**	**PHYSICIAN**	**MIDWIFE**	**OTHER**

6. FULL NAME OF FATHER

FIRST NAME	MIDDLE NAME	LAST NAME

7. FULL MAIDEN NAME OF MOTHER

FIRST NAME	MIDDLE NAME	LAST NAME (MAIDEN)

IF NEWBORN, PLEASE WAIT 6 TO 8 WEEKS BEFORE REQUESTING

PERSON REQUESTING CERTIFIED COPY

IF LEGAL GUARDIAN OR REGISTRANT, SEND ALONG GUARDIANSHIP PAPERS

8. PURPOSE FOR WHICH CERTIFIED COPY IS TO BE USED

9. RELATIONSHIP TO REGISTRANT (MUST BE REGISTRANT, MEMBER OF IMMEDIATE FAMILY, LEGAL GUARDIAN, OR LEGAL REPRESENTATIVE)

10. SIGNATURE OF APPLICANT

➡

11. DATE SIGNED

12. NAME AND ADDRESS OF APPLICANT (TYPE OR PRINT)

STREET ADDRESS	PHONE #

CITY OR TOWN	STATE	ZIP CODE

PLEASE PRINT OR TYPE THE NAME AND ADDRESS OF THE PERSON TO WHOM THE RECORD IS TO BE RETURNED. COMPLETE ONLY IF CERTIFICATIONS ARE TO BE MAILED. ➡

NAME
ADDRESS
CITY, STATE, ZIP CODE