



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS

Application for Certified Copy of Birth Certificate

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

Effective March 1, 2011, applicants must show identification when requesting certified copies of a birth record at the county or state health department. **Mail-in requests must be notarized by an acceptable notary public.** ID CHECKED: _____

INSTRUCTIONS	COPIES REQUESTED						
<p>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.</p>	<table> <tr> <td>Birth Certification (Certification of facts of birth contained in original record)</td> <td>How Many</td> </tr> <tr> <td></td> <td><input type="text"/></td> </tr> <tr> <td></td> <td>\$15 each</td> </tr> </table>	Birth Certification (Certification of facts of birth contained in original record)	How Many		<input type="text"/>		\$15 each
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	<input type="text"/>						
	\$15 each						
<p>MAKE CHECK OR MONEY ORDER PAYABLE TO: LINCOLN COUNTY HEALTH DEPARTMENT MAIL OR BRING THIS APPLICATION TO: LINCOLN COUNTY HEALTH DEPARTMENT # 5 HEALTH DEPARTMENT DRIVE TROY, MISSOURI 63379 Phone: 636-528-6117 Office hours--8:00 a.m.—4:30 p.m. Web: lchdmo.org Monday thru Friday</p>	<p>AMOUNT OF MONEY ENCLOSED \$ _____</p> <p><small>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</small></p>						

INFORMATION ABOUT PERSON WHOSE BIRTH CERTIFICATE IS REQUESTED (TYPE or PRINT all items EXCEPT SIGNATURE) IF NEWBORN, PLEASE WAIT 6 TO 8 WEEKS BEFORE REQUESTING.

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 _____

PLEASE ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE WITH YOUR REQUEST (PRINT THE FOLLOWING INFORMATION)

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. _____

➤ **MAIL-IN REQUESTS MUST BE NOTARIZED. 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 PENALTIES OF PERJURY.

➤ **APPLICANT'S SIGNATURE** _____ **DATE** _____

NOTARY PUBLIC EMBOSSEER 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