MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS

Application for Certified Copy of Death Certificate

Cert #: _____Date_____
Processor _____
Payment Cash _____ Check # _____
Amount_____

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

INSTRUCTIONS	**COPIES REQUESTED**
A $13.00 search fee is required when requesting a death record. For additional copies of the same record requested at the same time for the same person, the fee is $10.00. **FEE MUST ACCOMPANY APPLICATION. No cash by mail please.**	**Death Certification (Certification of facts of Death contained in original record)** **How Many** ☐ **$13 1st copy** **$10 for additional**
MAKE CHECK OR MONEY ORDER PAYABLE TO: **LINCOLN COUNTY HEALTH DEPARTMENT** MAIL OR BRING THIS APPLICATION TO: **LINCOLN COUNTY HEALTH DEPARTMENT # 5 HEALTH DEPARTMENT DRIVE TROY, MISSOURI 63379** **Phone: 636-528-6117** **Web: lchdmo.org** **Office hours--8:00 a.m.—4:30 p.m. Monday thru Friday**	**AMOUNT OF MONEY ENCLOSED** **$** 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 DEATH AND THE FIRST AND LAST NAME OF THE REGISTRANT MUST BE GIVEN BEFORE A SEARCH CAN BE

INFORMATION ABOUT PERSON WHOSE DEATH CERTIFICATE IS REQUESTED **(TYPE** or **PRINT** all items **EXCEPT SIGNATURE)**

DEATH NUMBER OF COPIES _____ (FIRST COPY ISSUED $13; EACH ADDITIONAL COPY $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 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 DEATH RECORD(S) REQUESTED ABOVE AND THAT THE INFORMATION IS TRUE UNDER THE PENALTIES OF PERJURY.

- **APPLICANT'S SIGNATURE** _____ **DATE** _____

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

LCHD 03/2011