



MISSOURI DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

THIRD PERSON'S INTEREST REQUEST

NAME OF THIRD PERSON
ADDRESS (STREET, CITY, COUNTY, STATE, ZIP CODE)
COMPANY REPRESENTING

I, the above named individual, do hereby swear or affirm that I have an interest in or need a copy of or information from the BIRTH DEATH Certificate of the individual named below.

NAME	DATE OF BIRTH OR DEATH
LOCATION OR ADDRESS	

REASON (S) CERTIFICATE OR INFORMATION NEEDED

INFORMATION NEEDED FROM THE ABOVE CERTIFICATE

SIGNATURE OF APPLICANT	DATE
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