



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF VITAL RECORDS

**APPLICATION FOR MISSOURI VITAL RECORD - BIRTH/DEATH**

**MAIL TO:**  
Camden County Health Dept.  
PO BOX 49  
Camdenton, MO 65020

When completing this application in-person, applicants must show proper identification. Mail-in requests **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. This fee is to perform a search for the vital record requested and is valid for one (1) year. If no record is found, a statement will be issued.  
No out of state checks are accepted, money order only if mailing in application.

State recording of birth and death records began on January 1, 1910. For more info or to order a vital record online, visit: [www.health.mo.gov/vitalrecords](http://www.health.mo.gov/vitalrecords)

**BIRTH/FETAL DEATH REPORT/STILL BIRTH (\$15.00 PER COPY)**

SELECT ONE:  BIRTH  FETAL DEATH REPORT  STILL BIRTH      NUMBER OF COPIES \_\_\_\_\_ TOTAL DUE \_\_\_\_\_

FULL NAME ON CERTIFICATE \_\_\_\_\_  SELECT ONLY IF LONG FORM BIRTH CERTIFICATE NEEDED

ALSO KNOWN AS (INDICATE IF BIRTH COULD BE RECORDED UNDER ANOTHER NAME) \_\_\_\_\_

DATE OF MO BIRTH (MM/DD/YYYY) \_\_\_\_\_ PLACE OF MO BIRTH (CITY, COUNTY, STATE) \_\_\_\_\_

HOSPITAL (IF APPLICABLE) \_\_\_\_\_ SEX  Female  Male

PARENT ONE: FULL NAME \_\_\_\_\_ LAST NAME BEFORE 1<sup>ST</sup> MARRIAGE \_\_\_\_\_

PARENT TWO: FULL NAME \_\_\_\_\_ LAST NAME BEFORE 1<sup>ST</sup> MARRIAGE \_\_\_\_\_

**DEATH (\$14.00 1<sup>ST</sup> COPY; \$11 ADDITIONAL COPIES)**

NUMBER OF COPIES \_\_\_\_\_ TOTAL DUE \_\_\_\_\_

FULL NAME ON CERTIFICATE \_\_\_\_\_  SELECT ONLY IF LONG FORM DEATH CERTIFICATE NEEDED

DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_ SEX  Female  Male

DATE OF MO DEATH (MM/DD/YYYY) \_\_\_\_\_ PLACE OF MO DEATH (CITY, COUNTY, STATE) \_\_\_\_\_

FULL NAME OF SPOUSE \_\_\_\_\_

PARENT ONE: FULL NAME \_\_\_\_\_ LAST NAME BEFORE 1<sup>ST</sup> MARRIAGE \_\_\_\_\_

PARENT TWO: FULL NAME \_\_\_\_\_ LAST NAME BEFORE 1<sup>ST</sup> MARRIAGE \_\_\_\_\_

**APPLICANT - THE INDIVIDUAL OR ENTITY REQUESTING A COPY OF A VITAL RECORD. MUST COMPLETE THE FOLLOWING:**

APPLICANT'S NAME \_\_\_\_\_ APPLICANT'S PHONE NUMBER \_\_\_\_\_

APPLICANT'S STREET ADDRESS \_\_\_\_\_ APT, FL, SUITE \_\_\_\_\_

APPLICANT'S CITY/TOWN \_\_\_\_\_ APPLICANT'S STATE \_\_\_\_\_ APPLICANT'S ZIP \_\_\_\_\_

PURPOSE FOR CERTIFICATE REQUEST \_\_\_\_\_ APPLICANT'S EMAIL ADDRESS \_\_\_\_\_

YOUR RELATIONSHIP TO PERSON NAMED ON RECORD (IF LEGAL GUARDIAN, MUST PROVIDE GUARDIANSHIP PAPERS). IF LEGAL REPRESENTATIVE, INDICATE LEGAL RELATIONSHIP. \_\_\_\_\_

**REMEMBER: ENCLOSE A SELF ADDRESSED STAMPED RETURN ENVELOPE, NECESSARY DOCUMENTS, AND FEES WITH YOUR REQUEST. ALL APPLICATIONS MUST BE SIGNED. MAIL-IN REQUESTS MUST BE NOTARIZED.**

SUBJECT TO THE PENALTY OF PERJURY, I DO SOLEMNLY DECLARE AND AFFIRM THAT I AM ELIGIBLE, PURSUANT TO CHAPTER 193, RSMO AND 19 CSR 10-10, TO RECEIVE A CERTIFIED COPY OF THE VITAL RECORD(S) REQUESTED ABOVE AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE (MM/DD/YYYY) \_\_\_\_\_

|                              |  |                             |
|------------------------------|--|-----------------------------|
| 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