MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS
Putnam County Health Department
103 N 18th Street, PO Box 354
Unionville, MO 63565

APPLICATION FOR A VITAL RECORD

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. Check or money order payable to: Putnam County Health Department.

State recording of birth and death records began January 1, 1910. For more info visit www.health.mo.gov/vitalrecords

<table>
<thead>
<tr>
<th>Birth</th>
<th>Fetal Death</th>
<th>Stillbirth</th>
<th>Number of Copies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(First Copy Issued $15; Each Additional Copy $15)</td>
</tr>
</tbody>
</table>

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

Death

Number of Copies                   (First Copy Issued $14; Each Additional Copy of the Same Record Ordered at the Same Time $11)

Date of Birth                     Sex  Female □  Male □

Date of Death                     Place of Death  (City, County, State)

Full Name of Spouse               

Full Name of Father               

Full Maiden Name of Mother

Applicant: 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 ___________________________ Subject to the penalty of perjury, 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  ___________________________

Notary Public Embosser Seal

Subscribed, Declared and Affirmed Before Me,  

This ___________ Day of __________ , 20 _____

Notary Public Signature  My Commission Expires

Notary Public Name (Typed or Printed)

WARNING: False application for a certified copy of a vital record is a crime.