



**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](http://www.health.mo.gov/vitalrecords)

**BIRTH**    **FETAL DEATH**    **STILLBIRTH**   **NUMBER OF COPIES** \_\_\_\_\_ (FIRST COPY ISSUED \$15; EACH ADDITIONAL COPY \$15)

**REPORT**

**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** \_\_\_\_\_

**DEATH**   **NUMBER OF COPIES** \_\_\_\_\_ (FIRST COPY ISSUED \$14; EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME \$11)

**FULL NAME ON CERTIFICATE** \_\_\_\_\_

**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 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)	
<b>USE RUBBER STAMP IN CLEAR AREA BELOW</b>		

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