



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF VITAL RECORDS  
**APPLICATION FOR MISSOURI VITAL RECORD - BIRTH/DEATH**

**MAIL TO:**  
**SCOTT COUNTY HEALTH DEPT**  
**P. O. BOX 129**  
**SIKESTON, MO 63801**

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. Checks are cashed/fees are deposited immediately upon receipt of the application. The application is then sent to the Bureau of Vital Records for processing. Therefore, a cashed check does not indicate an application has been processed or completed. 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) _____	