

Missouri law requires applicants to show identification when requesting certified copies of a vital record at the health department.

Photo I.D. Initial _____ or two alternate forms of Identification Initial _____

Check or money order payable to: **Barton County Health Department**

State recording of birth and death records began January 1, 1910.

BIRTH (FIRST COPY ISSUED \$15.00; EACH ADDITIONAL COPY \$15.00)

NUMBER OF COPIES _____ 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 (FIRST, MIDDLE, MAIDEN) _____

DEATH (FIRST COPY ISSUED \$14.00; EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME \$11.00)

NUMBER OF COPIES _____ FULL NAME ON CERTIFICATE _____
 DATE OF BIRTH _____
 DATE OF DEATH _____ SEX FEMALE MALE RACE _____
 PLACE OF DEATH (CITY, COUNTY, STATE) _____
 FULL NAME OF SPOUSE _____
 FULL NAME OF FATHER _____
 FULL MAIDEN NAME OF MOTHER (FIRST, MIDDLE, MAIDEN) _____

(PRINT THE FOLLOWING INFORMATION)

APPLICANT'S NAME _____ PHONE NUMBER _____
 APPLICANT'S STREET ADDRESS _____
 APPLICANT'S CITY/TOWN _____ STATE _____ ZIP _____
 YOUR RELATIONSHIP TO PERSON NAMED ON RECORD (IF LEGAL GUARDIAN, MUST PROVIDE GUARDIANSHIP PAPERS). IF LEGAL REPRESENTATIVE, INDICATE LEGAL RELATIONSHIP _____
 I **(Print Name)** _____, SUBJECT TO PENALTY OF PERJURY, DO SOLEMNLY
 DECLARE AND AFFIRM THAT I AM ELIGIBLE 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** _____

> **MAIL-IN REQUESTS MUST BE NOTARIZED BY AN ACCEPTABLE NOTARY PUBLIC. ALL APPLICATIONS MUST BE SIGNED.**

NOTARY PUBLIC EMBOSSER 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	

WARNING: False application for a certified copy of a vital record is a crime. Excel/Front Desk/Vital Records/Vital Records-BCHD