



MISSOURI DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
**APPLICATION FOR COPY OF
BIRTH OR DEATH CERTIFICATION**

P.O. BOX 570
JEFFERSON CITY, MISSOURI 65102-0570

BIRTH _____
(Quantity)
Computer Generated Copies Available From 1920 to Present

NAME ON CERTIFICATE (FIRST)	(MIDDLE)	(LAST)
PLACE OF BIRTH (CITY)	(COUNTY)	(STATE)
DATE OF BIRTH (MONTH)	(DAY)	(YEAR)
HOSPITAL	RACE	SEX
FATHER'S NAME (FIRST)	(MIDDLE)	(LAST)
MOTHER'S NAME (FIRST)	(MIDDLE)	(MAIDEN)

DEATH _____
(Quantity)
Computer Generated Copies Available From 1980 to Present

NAME ON CERTIFICATE (FIRST)	(MIDDLE)	(LAST)
PLACE OF DEATH (CITY)	(COUNTY)	RACE
DATE OF DEATH (MONTH)	(DAY)	(YEAR)
DATE OF BIRTH (MONTH)	(DAY)	(YEAR)
FATHER'S NAME (FIRST)	(MIDDLE)	(LAST)
MOTHER'S NAME (FIRST)	(MIDDLE)	(MAIDEN)

ADDITIONAL FEE for MAILING CERTIFICATES:
The following fee **MUST** be added to the amount of the birth certificate(s) (\$15 per certificate) you are requesting:
\$5.60 if you prefer certified with returned receipt
OR

Mail Requests to:

Randolph County Health Department
423 E. Logan
P.O. Box 488
Moberly, MO 65270

ADDITIONAL FEE for MAILING CERTIFICATES:
The following fee **MUST** be added to the amount of the death certificate(s) (\$13 for one death certificate) you are requesting:
\$5.60 if you prefer certified with returned receipt
OR

\$17.50 you prefer overnight service.
We **DO NOT** accept checks when receiving applications through the mail. Money Orders are accepted.

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BIRTH CERTIFICATE
Certified Copy - \$15.00
Additional copies are \$15.00 each
FEE MUST ACCOMPANY APPLICATION

DEATH CERTIFICATE
Certified Copy - \$13.00
Additional copies: \$10.00 for each additional copy ordered at the same time for the same person.
FEE MUST ACCOMPANY APPLICATION

Certified copies are computer generated and valid for all legal purposes.
Certified **photostat** copies are available by request to:
MO. Dept. of Health, Bureau of Vital Records
930 Wildwood Dr., P.O. Box 570, Jefferson City, MO 65102
(Statewide recording began January 1, 1910)

YOUR SIGNATURE	DAY TIME PHONE
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ADDRESS (STREET OR P.O. BOX)	(CITY)	(STATE)	(ZIP)
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PURPOSE FOR WHICH CERTIFIED COPY IS TO BE USED

YOUR RELATIONSHIP TO PERSON NAMED ON CERTIFICATE (SELF, MOTHER, SPOUSE, ETC.) (IF LEGAL GUARDIAN, MUST PROVIDE GUARDIANSHIP PAPERS)

IF LEGAL REPRESENTATIVE - INDICATE LEGAL RELATIONSHIP

WARNING: False application for a certified copy of a vital record is a felony punishable by a fine up to \$5,000, five years in prison, or both (RSMo 193.315)