

# APPLICATION FOR A VITAL RECORD

Randolph County Health Department



423 East Logan, P.O. Box 488

Moberly, MO 65270

(660) 263-6643

**MAIL-IN REQUESTIONS MUST BE NOTARIZED BY AN ACCEPTABLE NOTARY PUBLIC.**

Beginning March 1, 2011, applications must show identification when requesting certified copies of vital records at the local health dept.

**IF MAILING - FEE MUST ACCOMPANY APPLICATION.**

Money order payable to: Randolph County Health Department OR Credit Card information filled in below.

Type of Credit Card: \_\_\_\_\_ Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ 3 digit Security Code (on back of card): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

If receiving vital records in person RCHD accepts CASH, CHECK (must have date of birth, social security/driver license number on check), MONEY ORDER OR VISA/MASTERCARD.

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

**BIRTH**

NUMBER OF COPIES \_\_\_\_\_ (FIRST COPY ISSUED \$15; EACH ADDITIONAL COPY \$15)

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 \$13; EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME \$10)

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

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 \_\_\_\_\_

**PLEASE ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE WITH YOUR REQUEST (PRINT THE FOLLOWING INFO)**

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 \_\_\_\_\_ 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 IS TRUE UNDER THE PAINS AND PENALTIES OF PERJURY.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

|   |   |                             |
|---|---|-----------------------------|
| 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) _____ |   |                             |

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