



MONTGOMERY COUNTY HEALTH DEPARTMENT
APPLICATION FOR A VITAL RECORD

400 Salisbury
Montgomery County Health Department

Applicants must show identification when requesting certified copies of a vital record at the Montgomery County Health Department.
Mail-in requests must be notarized by an acceptable notary public.

Missouri law requires a non-refundable search fee for each five-year search of the files. If eligibility requirements are met and a record is found, applicant is entitled to certified copies. A statement will be issued if no record is found. FEE MUST ACCOMPANY APPLICATION. FEES ARE VALID FOR ONE YEAR. Check or money order payable to: MONTGOMERY COUNTY HEALTH DEPARTMENT.

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 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 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

Table with 2 columns: NOTARY PUBLIC EMBOSSEER SEAL and STATE/COUNTY. Includes fields for signature, date, and commission expiration.

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