



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF VITAL RECORDS
APPLICATION FOR A VITAL RECORD

Bates County Health Center
 P.O. Box 178
 Butler, Missouri 64730

Beginning March 1, 2011, applicants must show identification when requesting certified copies of a vital record at the state or local 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: **Bates County Health Center** if processing request at our office.

State recording of birth and death records began January 1, 1910. Local Health Departments may not have access to all records.

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 ALONG WITH YOUR REQUEST AND PAYMENT
 (PRINT THE FOLLOWING INFORMATION)

APPLICANT'S NAME _____ PHONE NUMBER _____

APPLICANT'S STREET ADDRESS _____

APPLICANT'S CITY/TOWN _____ STATE _____ ZIP _____

PURPOSE FOR CERTIFICATE REQUEST _____

APPLICANT'S 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** _____

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.