



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF VITAL RECORDS
APPLICATION FOR COPY OF DEATH CERTIFICATION

Certified copies are computer generated and are valid for all legal purposes.

*****Mail-in requests must be notarized by an acceptable notary public.*****

FEE MUST ACCOMPANY APPLICATION - MONEY ORDER ONLY - NO CHECKS

Make **MONEY ORDER** payable to: CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER

1121 Linden St., Cape Girardeau, MO 63703

PLEASE SEND A SELF ADDRESSED STAMPED ENVELOPE.

TYPE OR PRINT ALL ITEMS EXCEPT SIGNATURES

Number of Copies Requesting _____ **\$14.00** (EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME ARE \$11)

Cash Check# _____ Debit Money Order

FULL NAME OF DECEASED _____
 (FIRST) (MIDDLE) (LAST)

DATE OF DEATH _____ SEX _____ RACE _____ AGE _____
 MM/DD/YYYY

PLACE OF DEATH _____
 (CITY) (COUNTY) (STATE)

FULL NAME OF FATHER _____
 (FIRST) (MIDDLE) (LAST)

FULL MAIDEN NAME OF MOTHER _____
 (FIRST) (MIDDLE) (MAIDEN NAME)

PERSON REQUESTING CERTIFIED COPY

IF LEGAL GUARDIAN OF REGISTRANT, SEND ALONG GUARDIANSHIP PAPERS.

| | |
|--|--|
| PURPOSE FOR WHICH CERTIFIED COPY IS TO BE USED | RELATIONSHIP TO PERSON NAMED ON RECORD |
|--|--|

NAME AND ADDRESS OF APPLICANT (TYPE OR PRINT)

NAME _____ PHONE NUMBER _____

ADDRESS _____
 (STREET) (CITY) (STATE) (ZIP CODE)

APPLICANT'S SIGNATURE _____ DATE: _____

*****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 REQUESTED ABOVE AND THAT THE INFORMATION IS TRUE UNDER THE PAINS AND PENALTIES OF PERJURY.

| | | |
|---------------------------------------|---|-----------------------|
| 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