



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

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

P.O. Box 1839, 1121 Linden St., Cape Girardeau, MO 63702-1839

PLEASE SEND A SELF ADDRESSED STAMPED ENVELOPE.

TYPE OR PRINT ALL ITEMS EXCEPT SIGNATURES

Number of Copies Requesting _____ **\$15.00 PER COPY** Cash Check# _____ Debit Money Order

FULL NAME ON CERTIFICATE _____
(FIRST) (MIDDLE) (LAST - MAIDEN)

ALSO KNOWN AS (Indicate if birth could be recorded under another name)

DATE OF BIRTH _____ HOSPITAL _____
MM/DD/YYYY

PLACE OF BIRTH _____
(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
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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