

Taney County Health Department
Missouri Birth/Death Certificate Request Form



Instructions	<ul style="list-style-type: none"> Print clearly Certificates are issued for births and deaths that occurred in Missouri only A picture ID is required to obtain a certificate \$15 per birth certificate \$14 for first copy of death certificate and \$11 for each additional death certificate printed at the same time of the same record <p>Some restrictions may apply for who may request a certificate</p>		
	<p>Which certificate do you need? <input type="checkbox"/> Birth Certificates (1920-Present) \$15 each <input type="checkbox"/> Death Certificates (1980-Present) \$14 for 1st copy, \$11 for each extra copy</p> <p>How many copies do you need? _____</p>		
For Birth Certificates prior to 1920 and Death Certificates prior to 1980 contact the State of Missouri Vital Records at 573.751.6387, Option 1.			
Certificate Information	Full Name on Certificate: _____		
	For Birth Certificates (1920-Present) – Date of Birth: _____		For Death Certificates (1980-Present) - Date of Death: _____
	Full Name of Parent 1 *(Last name before marriage/domestic partnership): _____		Sex <input type="checkbox"/> F <input type="checkbox"/> M
	Full Name of Parent 2 *(Last name before marriage/domestic partnership): _____		Sex <input type="checkbox"/> F <input type="checkbox"/> M
*If this involves an adoption and/or same-sex parents, please call the State of Missouri Vital Records at 573.751.6387, Option 1.			
Your Relationship to Person Named on Certificate Must Show Photo ID		<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian (with custody papers) <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Current Spouse <input type="checkbox"/> Other (specify) _____	
YOUR Current Information	Your Name: _____		
	Your Address: _____		
	Your Phone Number: _____		
<p>I, the undersigned, subject to penalty of perjury, do solemnly declare and affirm that I am eligible to receive a certified copy of the vital record (birth or death certificate) requested above and that the information contained in this application is true and correct to the best of my knowledge.</p>			
Your Signature: _____			Date: _____

OFFICE USE ONLY BELOW THIS LINE

Date: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Debit/Credit Card <input type="checkbox"/> Check # _____	Purpose for Certificate Request: _____
<input type="checkbox"/> ID Verified ID Type: _____	DL/Passport # _____	Exp 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 (Type or Printed) _____	
Use Rubber Seal In Clear Area Below		