

**Taney County Health Department**  
**Missouri Birth/Death Certificate Request Form**



<b>Instructions</b>	<ul style="list-style-type: none"> <li><b>Print clearly</b></li> <li>Certificates are issued for births and deaths that occurred in <b>Missouri</b> only</li> <li>A picture ID is required to obtain a certificate</li> <li>\$15 per birth certificate</li> <li>\$14 for first copy of death certificate and \$11 for each additional death certificate printed at the same time of the same record</li> </ul> <p>Some restrictions may apply for who may request a certificate</p>		
	<p>Which certificate do you need?</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> Birth Certificates            (1920-Present)            \$15 each         </div> <div style="text-align: center;"> <input type="checkbox"/> Death Certificates            (1980-Present)            \$14 for 1<sup>st</sup> copy, \$11 for each extra copy         </div> </div> <p>How many copies do you need? _____</p>		
<b>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.</b>			
<b>Certificate Information</b>	<p>Full Name on Certificate:</p> <hr/>		
	<b>For Birth Certificates (1920-Present)</b> – Date of Birth:		<b>For Death Certificates (1980-Present)</b> - Date of Death:
	Full Name of Parent 1 *(Last name before marriage/domestic partnership):		
	Full Name of Parent 2 *(Last name before marriage/domestic partnership):		
<b>*If this involves an adoption and/or same-sex parents, please call the State of Missouri Vital Records at 573.751.6387, Option 1.</b>			
<b>YOUR Current Information</b>	<p>Your Relationship to Person Named on Certificate</p> <p><b>Must Show Photo ID</b></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> Self           <input type="checkbox"/> Parent           <input type="checkbox"/> Grandparent           <input type="checkbox"/> Legal Guardian (with custody papers)         </div> <div style="text-align: center;"> <input type="checkbox"/> Sister           <input type="checkbox"/> Brother           <input type="checkbox"/> Child           <input type="checkbox"/> Grandchild           <input type="checkbox"/> Current Spouse         </div> <div style="text-align: center;"> <input type="checkbox"/> Other (specify) _____         </div> </div>		
	Your Name:		
	Your Address:		
Your Phone Number:			
<b>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.</b>			
<b>Your Signature:</b>			<b>Date:</b>

**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	