

# APPLICATION FOR CERTIFIED COPY OF BIRTH/DEATH CERTIFICATE

St. Francois County Health Center

ST. FRANCOIS COUNTY HEALTH CENTER  
 VITAL RECORDS  
 P.O. BOX 367, 1025 W. MAIN  
 PARK HILLS, MO 63601

TELEPHONE NO. (573)431-1947  
 FAX NO. (573)431-7326

### FEE MUST BE SENT WITH APPLICATION

Beginning March 1, 2011 applicants must show identification when requesting certified copies of a record.  
***Mail-in requests must be notarized by an acceptable notary public and provide a photo static copy of id. CASH OR MONEY ORDER FEE MUST ACCOMPANY APPLICATION.*** Money orders should be made payable to St. Francois County Health Center. Certified copies are computer generated legal documents which are valid for all legal purposes. Births are available from 1920 to present.

Deaths are available from 1980 to present.

**PLEASE TYPE OR PRINT ALL ITEMS EXCEPT SIGNATURES**

**DATE OF BIRTH** \_\_\_\_\_

a \$15.00 search is required for births

**DATE OF DEATH** \_\_\_\_\_

a \$13.00 search fee is required for deaths. There is a \$10.00 fee for additional copies issued at the same time

How many copies requested?

<b>NAME ON CERTIFICATE</b>	FIRST	MIDDLE NAME(s)	LAST
<small>COULD CERTIFICATE BE LISTED UNDER ANOTHER NAME? IF SO WHAT IS IT:</small>	FIRST	MIDDLE NAME(s)	LAST
<b>SOCIAL SECURITY NUMBER</b>	CIRCLE ONE: MALE / FEMALE		RACE:
<b>FATHERS NAME:</b>	FIRST	MIDDLE NAME(s)	LAST
<b>MOTHERS NAME:</b>	FIRST	MIDDLE NAME(s)	MAIDEN
<b>COUNTY OF BIRTH/DEATH</b>			
<b>FOR DEATH PLEASE LIST SPOUSE'S NAME IF MARRIED:</b>			

\*\*\*\*\* APPLICANT PLEASE COMPLETE THE FOLLOWING INFORMATION \*\*\*\*\*

<b>SIGNATURE OF APPLICANT:</b>	<b>DATE</b>
<b>PLEASE PRINT YOUR NAME:</b>	<b>DAYTIME PHONE:</b>
<small>STREET</small>	<small>CITY</small>
<small>STATE</small>	<small>ZIP</small>
<b>ADDRESS:</b>	
<b>PURPOSE FOR WHICH CERTIFIED COPY IS NEEDED:</b>	
<b>RELATIONSHIP TO PERSON NAME ON CERTIFICATE:</b>	
<b>IF LEGAL GUARDIAN, YOU MUST PROVIDE PAPERWORK FOR VERIFICATION</b>	

► **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(S) REQUESTED ABOVE AND THAT THE INFORMATION IS TRUE UNDER THE PAINS AND PENALTIES OF PERJURY.

► **APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

<small>NOTARY PUBLIC EMBOSSEER SEAL</small>	<small>STATE</small>	<small>COUNTY</small>	
	<small>SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME,</small>		
	<small>THIS _____ DAY OF _____, 20____</small>	<small>USE RUBBER STAMP IN CLEAR AREA BELOW</small>	
	<small>NOTARY PUBLIC SIGNATURE</small>	<small>MY COMMISSION EXPIRES</small>	
<small>NOTARY PUBLIC NAME (TYPED OR PRINTED)</small>			