



Cole County Health Department
1616 Industrial Drive
Jefferson City, MO 65109

Beginning March 1, 2011, applicants must show identification when requesting certified copies of a vital record at the Cole County Health department. Mail-in requests must be notarized by an acceptable notary public.

FEE MUST ACCOMPANY APPLICATION. Check or money order payable to: Cole County Health Department
State recording of birth and death records began January 1, 1910.

BIRTH NUMBER OF COPIES (FIRST COPY ISSUED \$15; EACH ADDITIONAL COPY \$15)
FULL NAME ON CERTIFICATE
ALSO KNOWN AS (INDICATE IF BIRTH COULD BE RECORDED UNDER ANOTHER NAME)
DATE OF BIRTH PLACE OF BIRTH (CITY, COUNTY, STATE)
HOSPITAL SEX FEMALE MALE RACE
FULL NAME OF FATHER
FULL MAIDEN NAME OF MOTHER

DEATH NUMBER OF COPIES (FIRST COPY ISSUED \$13; EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME \$10)
FULL NAME ON CERTIFICATE
DATE OF DEATH SEX FEMALE MALE RACE
PLACE OF DEATH (CITY, COUNTY, STATE)
FULL NAME OF SPOUSE
FULL NAME OF FATHER
FULL MAIDEN NAME OF MOTHER

PLEASE ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE WITH YOUR REQUEST (PRINT THE FOLLOWING INFORMATION)

APPLICANT'S NAME PHONE NUMBER
APPLICANT'S STREET ADDRESS
APPLICANT'S CITY/TOWN STATE ZIP
PURPOSE FOR CERTIFICATE REQUEST
YOUR RELATIONSHIP TO PERSON NAMED ON RECORD (IF LEGAL GUARDIAN, MUST PROVIDE GUARDIANSHIP PAPERS). IF LEGAL REPRESENTATIVE, INDICATE LEGAL RELATIONSHIP.

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

Table with 2 columns: NOTARY PUBLIC EMBOSSEER SEAL and STATE/COUNTY. Rows include: STATE/COUNTY, SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME, THIS DAY OF, 20, NOTARY PUBLIC SIGNATURE, MY COMMISSION EXPIRES, NOTARY PUBLIC NAME (TYPED OR PRINTED), and USE RUBBER STAMP IN CLEAR AREA BELOW.