

**COLE COUNTY HEALTH DEPARTMENT**

Revised 9/04 KVH

**VITAL RECORDS**

**APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATION**

<p><b>INSTRUCTIONS</b></p> <p>The state law requires a fee of <b>\$15.00</b> per certified copy issued.</p> <p><b>FEE MUST ACCOMPANY APPLICATION. NO CASH BY MAIL PLEASE.</b></p> <p><b>MAKE CHECK OR MONEY ORDER PAYABLE TO:</b></p> <p style="text-align: center;">COLE COUNTY HEALTH DEPARTMENT</p> <p><b>MAIL THIS APPLICATION WITH PAYMENT TO:</b></p> <p style="text-align: center;">1616 INDUSTRIAL DRIVE JEFFERSON CITY, MO 65109</p>	<p><b>COPIES REQUESTED</b></p> <p>Birth Certification (Certification of facts of birth contained in original record.)</p> <p style="text-align: right;"><b>How Many?</b></p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <p><b>\$15.00 EACH</b></p> <p><b>AMOUNT OF MONEY ENCLOSED</b></p> <p>\$</p> <p>RECORDS ARE FILED BY YEAR OF THE EVENT AND THEN ALPHABETICALLY BY THE NAME OF THE PERSON AT THE TIME OF THE EVENT. THEREFORE, AT LEAST THE MONTH AND YEAR OF BIRTH AND THE FIRST AND LAST NAME OF THE REGISTRANT MUST BE GIVEN BEFORE A SEARCH CAN BE MADE.</p>
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**INFORMATION ABOUT PERSON WHOSE BIRTH CERTIFICATE IS REQUESTED (TYPE OR PRINT ALL ITEMS EXCEPT SIGNATURE)**

**1. FULL NAME OF PERSON (If newborn, please wait 6 to 8 weeks before requesting)**

First Name	Middle Name	Last Name (Maiden Name)
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IF THIS BIRTH COULD BE RECORDED UNDER ANOTHER NAME, PLEASE INDICATE THE NAME HERE

<b>2. DATE OF BIRTH</b>	<b>3. SEX</b>	<b>4. RACE</b>
Month                      Day                      Year	Sex	Race

**5. PLACE OF BIRTH**

City or Town	County	State
Hospital or Street Number	Attending Physician or Midwife Name (OPTIONAL)	

**6. FULL NAME OF FATHER**

First Name	Middle Name	Last Name
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**7. FULL MAIDEN NAME OF MOTHER**

First Name	Middle Name	Last MAIDEN Name
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**PERSON REQUESTING CERTIFIED COPY (If Legal Guardian of Registrant, Send Along Guardianship Papers)**

**8. PURPOSE FOR WHICH CERTIFIED COPY IS TO BE USED:**

**9. RELATIONSHIP (Must be registrant, member of immediate family, legal guardian, or legal representative)**

<b>10. SIGNATURE OF APPLICANT</b>	<b>11. DATE SIGNED</b>

**12. NAME AND ADDRESS OF APPLICANT (PLEASE TYPE OR PRINT)**

Please Print Name

Street	City or Town	State	Zip Code
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