

COLE COUNTY HEALTH DEPARTMENT

VITAL RECORDS

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

INSTRUCTIONS The state law requires a fee of \$13.00 for original certified copy and \$10.00 each additional copy issued. FEE MUST ACCOMPANY APPLICATION. NO CASH BY MAIL PLEASE. MAKE CHECK OR MONEY ORDER PAYABLE TO: COLE COUNTY HEALTH DEPARTMENT MAIL THIS APPLICATION WITH PAYMENT TO: 1616 INDUSTRIAL DRIVE JEFFERSON CITY, MO 65109	COPIES REQUESTED Death Certification (Certification of facts of death contained in original record.) How Many? <input type="text"/> \$13.00 - Original \$10.00 - Each Additional
	AMOUNT OF MONEY ENCLOSED. \$
	RECORDS ARE FILED BY YEAR OF DEATH AND ALPHABETICALLY BY THE NAME OF THE DECEASED AT THE TIME OF DEATH. THEREFORE, AT LEAST THE APPROXIMATE YEAR OF DEATH OR LAST YEAR IN WHICH THE DECEASED WAS KNOWN TO BE ALIVE MUST BE GIVEN.

INFORMATION ABOUT PERSON WHOSE DEATH CERTIFICATE IS REQUESTED (TYPE OR PRINT ALL ITEMS EXCEPT SIGNATURE)

1. FULL NAME OF DECEASED

First Name	Middle Name	Last Name (At Time of Death)
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2. DATE OF DEATH 3. SEX 4. RACE 5. AGE

Month	Day	Year	Sex	Race	Age
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6. PLACE OF DEATH

City or Town	County	State
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7. FULL NAME OF SPOUSE

First Name	Middle Name	Last Name
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8. FULL NAME OF FATHER

First Name	Middle Name	Last Name
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9. FULL MAIDEN NAME OF MOTHER

First Name	Middle Name	Last MAIDEN Name
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PERSON REQUESTING CERTIFIED COPY OF DEATH RECORD

10. PURPOSE FOR WHICH CERTIFIED COPY IS TO BE USED:

11. RELATIONSHIP TO REGISTRANT OR INTEREST OF PERSON REQUESTING CERTIFICATION:

12. SIGNATURE OF APPLICANT	13. DATE SIGNED
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14. NAME AND ADDRESS OF APPLICANT (PLEASE TYPE OR PRINT)

Please Print Name

Street	City or Town	State	Zip Code
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