

**To request a birth certificate, print the following form, complete, and bring or mail to the Health Department along with the \$15 per certificate fee. Certificates are available immediately if you present the form in person. Allow one week for certificates requested by mail.** D'YUgY'YbWtgy'U'gy'Z UXXfYggYX'Ybj Y'cdY'k ]h'nci f'fYei YghVma UJ''

**Mississippi County Health Department**

**Application for Certified Copy of Birth Certification**

**Instructions**

Recording of births began in the Missouri Department of Health January 1, 1910. The law requires a fee of \$15 for a 5 year search of the files. This fee entitles you to a certified copy, if available. Fee must accompany application.

Make money order payable to Mississippi County Health Department

**Mail or bring this application to:**  
Mississippi County Health Department  
1200 E. Marshall St.  
Charleston, MO 63834

**Copies requested**

Birth Certification (Certification of facts of birth contained in original record)	<b>How Many ( )</b> <b>\$15.00 each</b>
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Amount of money enclosed \$

Records are filed by year of the event and alphabetically by the name of the person at the time of birth. 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.

**Information about person whose birth certificate is requested. (Type or print all items except signature)**

**1. Full name of person**

First Name	Middle Name	Last Name (at time of birth)
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**2. Date of birth**

Month	Day	Year
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**3. Sex**

Sex
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**4. Race**

Race
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**5. Place of birth**

City or town	County	State
Hospital or street no.	Attending Physician	Physician, midwife, or other

**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 Name
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**\*If newborn, please wait 6 to 8 weeks after birth before requesting**

8. Purpose for which certified copy is to be used	9. Relationship to registrant or interest of person requesting certification
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**10. Signature of applicant**

Signature	Date signed
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**11. Printed applicant name**

Name of applicant		
Street address		
City or town	State	Zip Code
Home Phone	Work Phone	

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» **MAIL-IN REQUESTS MUST BE NOTARIZED. ALL APPLICATIONS MUST BE SIGNED.**

I \_\_\_\_\_, SUBJECT TO THE PENALTY OF PERJURY, DO SOLEMNLY DECLARE AND AFFIRM THAT I AM ELIGIBLE TO RECIEVE A CERTIFIED COPY OF THE VITAL RECORD(S) REQUESTED ABOVE AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

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

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

**WARNING: False application for a certified copy of a vital record is a crime.**