



APPLICATION FOR A VITAL RECORD

Applicants must show identification when requesting certified copies of a vital record. Mail-in requests must be notarized by an acceptable notary public.

Missouri law requires a non-refundable search fee for each five-year search of the files. If eligibility requirements are met and a record is found, applicant is entitled to certified copies. A statement will be issued if no record is found. FEE MUST ACCOMPANY APPLICATION. FEES ARE VALID FOR ONE YEAR.

State recording of birth and death records began January 1, 1910.

BIRTH section with fields for NUMBER OF COPIES, FULL NAME ON CERTIFICATE, ALSO KNOWN AS, DATE OF BIRTH, PLACE OF BIRTH, HOSPITAL, SEX, RACE, FULL NAME OF FATHER, FULL MAIDEN NAME OF MOTHER.

DEATH section with fields for NUMBER OF COPIES, FULL NAME ON CERTIFICATE, DATE OF DEATH, SEX, RACE, PLACE OF DEATH, FULL NAME OF SPOUSE, FULL NAME OF FATHER, FULL MAIDEN NAME OF MOTHER.

PLEASE ENCLOSE A MONEY ORDER MADE TO BOLLINGER COUNTY HEALTH CENTER AND A SELF ADDRESSED STAMPED ENVELOPE WITH YOUR REQUEST (PRINT THE FOLLOWING INFORMATION)

Fields for 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.

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 for NOTARY PUBLIC EMBOSSEER SEAL with fields for STATE, COUNTY, SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME, 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.