



JASPER COUNTY HEALTH DEPARTMENT
APPLICATION FOR A VITAL RECORD

**105 LINCOLN ST.
 Carthage, MO 64836**

Beginning March 1, 2011, applicants must show identification when requesting certified copies of a vital record at the state/local health department. **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.** Check or money order payable to: **JASPER CO HEALTH DEPT.**

BIRTH (1920-Present) **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 (1980-Present) **NUMBER OF COPIES** _____ **(FIRST COPY ISSUED \$14 EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME \$11)**

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 X** _____ **DATE** _____

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

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