



APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATION

The law requires a fee of \$15.00 per certificate copy issued. **FEE MUST ACCOMPANY APPLICATION.**

We accept the following: **MONEY ORDERS, CHECKS**
CREDIT/DEBIT CARDS (*Discover, MasterCard, Visa*) (A 3% transaction fee will be added to the total amount charged.)
NO CASH BY MAIL.

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO: **Jefferson County Health Department**
IF PAYING BY CREDIT/DEBIT CARD PLEASE FILL OUT THE CREDIT/DEBIT CARD TRANSACTION FORM.

MAIL THIS APPLICATION TO:

Jefferson County Health Department
Bureau of Vital Records
405 Main St., P.O. Box 437
Hillsboro, MO 63050

CHECK ONE:

- Please send my certificate by regular mail. I understand that the Jefferson County Health Department is not responsible for replacing certificates that are lost in the mail.
- Please send my certificate by certified mail. I understand that certified mail will add an additional cost of \$8.50 to the certificate.

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

FIRST NAME:	MIDDLE NAME:
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LAST NAME (IF FEMALE MAIDEN NAME):

***ALSO KNOWN AS (INDICATE IF BIRTH COULD BE RECORDED UNDER ANOTHER NAME)**

FIRST NAME:	MIDDLE NAME:	LAST NAME:
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DATE OF BIRTH:	SEX (Circle One): M or F	ETHNICITY / RACE:
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CITY OF BIRTH:	COUNTY OF BIRTH:	STATE OF BIRTH:
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PARENT ONE - FIRST NAME & MAIDEN NAME:	M. I.:	PARENT ONE - LAST NAME AT TIME OF BIRTH:
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PARENT TWO - FIRST NAME & MAIDEN NAME:	M.I.:	PARENT TWO - LAST NAME AT TIME OF BIRTH:
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PARENT ONE - STATE OF BIRTH:	PARENT TWO - STATE OF BIRTH:
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REASON FOR NEEDING CERTIFICATE:	RELATIONSHIP TO PERSON NAMED ON RECORD:
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SIGNATURE OF APPLICANT:	PRINTED NAME OF APPLICANT:	DATE:
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STREET ADDRESS:	DAYTIME TELEPHONE #: () -
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CITY:	STATE:	ZIP CODE:	# OF COPIES REQUESTED:
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➤ 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 _____

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)		

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

FOR STAFF USE ONLY:

CERT. #:	CA CR	CK MO	INITIALS:	DATE:
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