

**Application for Certified Copy of DEATH CERTIFICATE**  
Certified copies are computer generated and are valid for all legal purposes.

Beginning March 1, 2011, applicants must show identification when requesting certified copies of a vital record at the state health department. **Mail-in requests must be notarized by an acceptable notary public.** The law requires a fee of \$13.00 for the first copy and \$10.00 for each additional ordered at the same time. The fee must accompany the application. Records are available from 1980 to current.

Make check or money order payable to: ***Livingston County Health Center.***

Mail this application and fee required to:  
Livingston County Health Center  
800 Adam Drive  
Chillicothe, MO 64601

Number of copies requested: \_\_\_\_

Name at Death \_\_\_\_\_  
First Middle Last

Sex: M ☐ F ☐

Date of Death (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Death: City \_\_\_\_\_ County \_\_\_\_\_ State (Missouri Deaths Only)

Date of Birth (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Surviving spouses name (if applicable) \_\_\_\_\_

**Printed Name** of person applying for certificate \_\_\_\_\_

How are you related to the person on the certificate? \_\_\_\_\_

Address of person applying for certificate: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

Signature of person applying for certificate \_\_\_\_\_

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** \_\_\_\_\_

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