

## APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

INSTRUCTIONS	COPIES REQUESTED
The Law requires a fee of \$15.00 for each certified copy issued. Additional copies are \$15.00 each. <b>FEE MUST ACCOMPANY APPLICATION</b>  Make Check or Money Order Payable to: <b style="margin-left: 40px;">City of St. Joseph</b>  Mail this Application To: City of St. Joseph Health Department Patee Market Health Center 904 S. 10th Street, Suite E St. Joseph, MO 64503	HOW MANY <input style="width: 50px; height: 20px;" type="text"/>  AMT ENCLOSED \$ <input style="width: 50px; height: 20px;" type="text"/>
	<b>For Office Use Only</b>
	Type of ID Presented <input style="width: 100%; height: 20px;" type="text"/>
	Type of Payment <input style="width: 100%; height: 20px;" type="text"/>

### INFORMATION ABOUT PERSON WHOSE BIRTH CERTIFICATE IS REQUESTED

(TYPE or PRINT all items EXCEPT SIGNATURE)

<b>1. FULL NAME OF PERSON (IF NEWBORN, PLEASE WAIT 6 TO 8 WEEKS BEFORE REQUESTING)</b>				
FIRST NAME	MIDDLE NAME	LAST NAME (MAIDEN NAME)		
IF THIS BIRTH COULD BE RECORDED UNDER ANOTHER NAME, PLEASE INDICATE THE NAME				
<b>2. DATE OF BIRTH</b>			<b>3. SEX</b>	<b>4. RACE</b>
MONTH	DAY	YEAR	SEX	RACE
<b>5. PLACE OF BIRTH</b>				
CITY OR TOWN		COUNTY	STATE	
<b>6. FULL NAME OF FATHER</b>				
FIRST NAME	MIDDLE NAME	LAST NAME		
<b>7. FULL MAIDEN NAME OF MOTHER</b>				
FIRST NAME	MIDDLE NAME	LAST NAME (MAIDEN NAME)		
<b>PERSON REQUESTING CERTIFIED COPY</b>				
8. PURPOSE FOR WHICH CERTIFIED COPY IS TO BE USED			9. RELATIONSHIP*	
10. SIGNATURE OF APPLICANT			11. DATE SIGNED	
<b>12. NAME AND ADDRESS OF APPLICANT (TYPE OR PRINT)</b>				
NAME			TELEPHONE NUMBER	
STREET ADDRESS				
CITY OR TOWN		STATE	ZIP CODE	

**\*MUST BE REGISTRANT, MEMBER OF IMMEDIATE FAMILY, LEGAL GUARDIAN, OR LEGAL REPRESENTATIVE**

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

State \_\_\_\_\_  
 County \_\_\_\_\_

Subscribed, Declared and Affirmed Before Me,  
 This \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_

Notary Public Signature

My Commission Expires

\_\_\_\_\_  
 Notary Public Name (Typed or Printed)