



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS

**APPLICATION FOR NON-CERTIFIED COPY OF AN
ORIGINAL BIRTH CERTIFICATE**

P.O. Box 570
Jefferson City, Missouri 65102-0570
Telephone: (573) 751-6378

Only the adoptee or the adoptee's attorney may request a copy of the adoptee's original (prior to adoption) birth certificate. Applicants may mail the required application with payment or submit it in our office in Jefferson City. A copy of an original birth certificate for adoptees born in Missouri cannot be ordered online.

Adoptees born prior to 1941 may request a copy of the original birth certificate beginning August 28, 2016. Beginning January 1, 2018, adoptees born in or after 1941 may request a copy of their original birth certificate. Information may be redacted depending on whether the birth parent(s) completed a Birth Parent Contact Preference Form. A Birth Parent Contact Preference Form and/or a Birth Parent Medical History Form may also be released if completed forms have been submitted by the birth parent(s).

The following information is needed in order to find and match your application with Bureau of Vital Records files. Please provide as much accurate information as you can to avoid delays and increase the likelihood of being able to process this application. The Bureau of Vital Records will notify you if no record is found.

A NON-REFUNDABLE SEARCH FEE OF \$15 MUST ACCOMPANY THIS APPLICATION. Make check or money order payable to: **Missouri Department of Health and Senior Services.** Mail to: Bureau of Vital Records, P.O. Box 570, Jefferson City, MO 65102-0570.

PLEASE PRINT

The following information will be used to identify the adoptee's record:

| | | | |
|--|---|--|-----------------------------|
| FULL NAME OF CHILD ON ORIGINAL BIRTH CERTIFICATE (IF KNOWN) | | | |
| DATE OF BIRTH | | MISSOURI CITY AND COUNTY WHERE BORN | |
| BIRTH MOTHER/PARENT NAME (FIRST, MIDDLE, LAST NAME PRIOR TO FIRST MARRIAGE) (IF KNOWN) | | BIRTH FATHER/PARENT NAME (FIRST, MIDDLE, LAST NAME PRIOR TO FIRST MARRIAGE) (IF KNOWN) | |
| ANY OTHER INFORMATION THAT MAY HELP IDENTIFY THE RECORD (E.G. PARTIAL NAME, MOTHER'S AGE, NAME OF ADOPTION AGENCY, ETC.) | | | |
| FULL NAME OF CHILD AFTER ADOPTION | | | |
| DATE OF ADOPTION (IF KNOWN) | | PLACE OF ADOPTION (IF KNOWN) | |
| ADOPTIVE MOTHER/PARENT NAME (FIRST, MIDDLE, LAST NAME PRIOR TO FIRST MARRIAGE) | | ADOPTIVE FATHER/PARENT NAME (FIRST, MIDDLE, LAST NAME PRIOR TO FIRST MARRIAGE) | |
| APPLICANT'S NAME | | RELATIONSHIP TO ADOPTEE <input type="checkbox"/> Self <input type="checkbox"/> Attorney for Adoptee | |
| MAILING ADDRESS | CITY | STATE | ZIP CODE |
| APPLICANT'S TELEPHONE NUMBER | | | |
| I _____, subject to the penalty of perjury, do solemnly declare and affirm that I am eligible to receive a noncertified copy of the original birth certificate requested above and that the information contained in this application is true and correct to the best of my knowledge. | | | |
| SIGNATURE OF APPLICANT | | | DATE |
| NOTARY PUBLIC EMBOSSER SEAL | STATE | | COUNTY |
| | SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF _____ YEAR _____ | | |
| | NOTARY PUBLIC SIGNATURE | | MY COMMISSION EXPIRES _____ |
| | NOTARY PUBLIC NAME (TYPED OR PRINTED) | | |
| USE RUBBER STAMP IN CLEAR AREA BELOW. | | | |