



Jennifer A. Florida
Death Records Department
Room 124, City Hall, 1200 Market Street
Saint Louis, Missouri 63103

CERTIFIED COPY APPLICATION
ST. LOUIS CITY DEATH CERTIFICATE
1910-1979, Incomplete Collection
No 1960-1964 Certificates and other years

INFORMATION ON THE DECEASED

Number of Copies of this
Death Certificate Requested:
Name of the Deceased (Name at Death):

First Name + Middle Name + Last Name

Sex: Race:
Female or Male (race identification optional)

City of St. Louis
Place of Death: City + County

Date of Death: Month + Day + Year

Father's First Name + Middle Name + Last Name

Mother's First Name + Middle Name + Maiden Last Name
(name before marriage)

INSTRUCTIONS

READ DEATH CERTIFICATE DETAILS @
www.stlouiscityrecorder.org Before Using Form

- Type or Print All Information Legibly.
Mail-In Request Must Be Notarized.
NONREFUNDABLE \$13.00 FEE for each 5-year search...
NO PERSONAL CHECKS. Payment must be made by Cash...
MAIL-IN SERVICE-- Send this form completed and notarized...
WALK-IN SERVICE-- Bring this Form completed with Photo Identification...

APPLICANT (CUSTOMER) INFORMATION

WARNING: False Application for a Certified Copy of a Death Certificate is a crime.

Applicant Name:
First Name + Middle Name + Last Name

Applicant Day Phone: (____) _____

Applicant Address:
Street Number + Street Name + Apt. Number

City + State + Zip Code

Relationship of Applicant to Decedent or Interest of Person Requesting Copy:

Purpose Certified Copy is to be used:
Legal Matter or Benefits Application.
Irish, Israeli, or Italian Dual Citizenship Application.
Genealogy.
Other

Applicant (Customer) Must Sign and Date This Statement In Front of a Notary Public

I, _____, subject to the penalty of perjury, 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 contained in this Application is true and correct to the best of my knowledge.

Applicant Signature _____

To Be Completed by Notary Public

STATE _____ COUNTY _____
SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME,

THIS _____ DAY OF _____, 20____
NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES _____
NOTARY PUBLIC NAME (TYPED OR PRINTED)

Notary Public Embosser Seal or Rubber Stamp