MONTGOMERY COUNTY HEALTH DEPARTMENT
400 SALISBURY
MONTGOMERY CITY, MO 63361
573-564-2495

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

We can print births in Missouri from 1920 to present and deaths from 1980 to present.
Contact Bureau of Vital Records at 573-751-6387 or go to www.cdc.gov/nchs to obtain birth or death certificates prior to these dates.
If you were born in another state go to www.cdc.gov/nchs.
If ordering by mail must provide a copy of your photo ID.

BIRTH _____(quantity) $15.00 each Can print births in Missouri from 1920 to present.	**DEATH _____(quantity)** $13.00 first copy, $10.00 each additional copy Can print deaths in Missouri from 1980 to present.
FULL NAME ON CERTIFICATE (first, middle, last)	**FULL NAME ON CERTIFICATE** (first, middle, last)
ALSO KNOW AS (indicate if birth could be recorded under another name)	**PLACE OF DEATH** (city, county) **SEX**
DATE OF BIRTH (month, day, year)	**DATE OF DEATH** (month, day, year) **RACE**
PLACE OF BIRTH (city, county, state)	**DATE OF BIRTH** (month, day, year) **AGE** **SS#** (if known)
HOSPITAL **SEX** **RACE**	**SPOUSE'S NAME** (first, middle, last)
FATHER'S NAME (first, middle, last)	**FATHER'S NAME** (first, middle, last)
MOTHER'S NAME (first, middle, maiden)	**MOTHER'S NAME** (first, middle, last)

MUST PROVIDE PROOF OF IDENTITY WITH A PHOTO ID
WARNING: FALSE APPLICATION FOR A CERTIFIED COPY OF A VALID RECORD IS A FELONY PUNISHABLE BY A FINE UP TO $5,000, FIVE YEARS IN PRISON, OR BOTH (RSMo 193.315)

YOUR PRINTED NAME	**YOUR SIGNATURE**	**DATE**
ADDRESS (street, city, state, zip)		**DAYTIME PHONE**
PURPOSE FOR WHICH CERTIFIED COPY IS TO BE USED		
YOUR RELATIONSHIP TO PERSON NAMED ON CERTIFICATE (if legal guardian, must provide guardianship papers)		
IF LEGAL REPRESENTATIVE – INDICATE LEGAL RELATIONSHIP		

Certificate # _____

Amount Received _____

ID _____

ID #_____

Birthdate _____

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
SERVICES PROVIDED ON A NON-DISCRIMINATORY BASIS