



**FRANKLIN COUNTY  
HEALTH DEPARTMENT**

414 E Main St.  
Union, MO 63084  
636-583-7300

**WARNING: False application for a certified copy of a vital record is a crime.**

Mail to the address on the left:

**APPLICATION FOR A MISSOURI VITAL RECORD**

Death Records begin 1980 - Birth Records begin 1920

**Make Check or Money Order payable to F.C.H.D. and please include current phone number and date of birth.**

**BIRTH** Number of Copies \_\_\_\_\_ (First copy issued \$15.00; Each additional copy \$15.00)

FULL NAME ON BIRTH CERTIFICATE \_\_\_\_\_

PLACE OF BIRTH (City, County, State) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX (Check One)  Female  Male

FULL NAME OF FATHER \_\_\_\_\_

FULL NAME OF MOTHER (Using Maiden Name) \_\_\_\_\_

**DEATH** Number of Copies \_\_\_\_\_ (First copy issued \$14.00; Each additional copy \$11.00)

FULL NAME ON CERTIFICATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX (Check One)  Female  Male

DATE OF DEATH \_\_\_\_\_

PLACE OF DEATH (City, County, State) \_\_\_\_\_

FULL NAME OF SPOUSE \_\_\_\_\_

FULL NAME OF FATHER \_\_\_\_\_

FULL NAME OF MOTHER \_\_\_\_\_

**\*\*\*PLEASE ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE WITH YOUR REQUEST\*\*\***

(Please print the following information)

APPLICANT'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

APPLICANT'S ADDRESS \_\_\_\_\_

APPLICANT'S CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

REASON FOR REQUEST \_\_\_\_\_

YOUR RELATIONSHIP TO PERSON NAMED ON RECORD: \_\_\_\_\_

IF LEGAL GUARDIAN, MUST PROVIDE GUARDIANSHIP PAPERS. IF LEGAL REPRESENTATIVE, INDICATE LEGAL RELATIONSHIP.

**MAIL IN REQUESTS MUST BE NOTARIZED. ALL APPLICATIONS MUST BE SIGNED**

(PRINT NAME)

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 REQUESTED ABOVE AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

NOTARY PUBLIC EMBOSSER SEAL	STATE	COUNTY
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME THIS _____ DAY OF _____, 20____ NOTARY PUBLIC: NAME _____ MY COMMISSION EXPIRES _____ NOTARY PUBLIC _____	USE RUBBER STAMP IN AREA BELOW