

# BIRTH

## Clay County Public Health Center

800 Haines Drive, Liberty, MO. 64068 (816)595-4200 Fax: (816)595-4389

[www.clayhealth.com](http://www.clayhealth.com)

### APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE FOR THE STATE OF MISSOURI

**For Office Use Only:**

Date:

Init:

Client ID Checked:

Paid:

Cash

Check

Visa

MC

Discover

Amex

**Number of copies requested?** \_\_\_\_\_

Our birth records date back to Jan.1, 1920

**FULL BIRTH NAME:**

(First)

(Middle)

(Last) Maiden name for women

**DATE OF BIRTH:**

(Month)

(Day)

(Year)

**SEX:**  Male

Female

**MOTHER'S NAME:**

(First)

(Middle)

(Last) Maiden

**FATHER'S NAME:**

(First)

(Middle)

(Last)

**A \$15.00 fee is required for each birth certificate requested.**

**FEE MUST ACCOMPANY APPLICATION:** No cash by mail please

**MAKE CHECK OR MONEY ORDER PAYABLE TO:**

Clay County Public Health Center

Include on your check: current driver's license and/or state ID NO.,

Date of Birth, and a phone number you can be reached at. Also if ordered by mail, include a copy of your driver's license and a self addressed stamped envelope with your request and check.

MAIL OR BRING THIS APPLICATION TO:

Clay County Public Health Center

800 Haines Drive

Liberty, MO 64068

**FOR MAIL-IN CREDIT CARD REQUESTS ONLY:**

VISA  MASTER CARD  DISCOVER  AMEX   
CARD# \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

NAME AS APPEARS ON CREDIT CARD:  
\_\_\_\_\_

**WARNING: False application for a certified copy of a vital record is a felony punishable by a fine up to \$5,000, 5 yrs in prison or both (RSMo 193.315)**

**PRINT ALL ITEMS EXCEPT SIGNATURES:**

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**Indicate Relationship such as self, parent, guardian, or legal representative, etc.:** \_\_\_\_\_

The mission of Clay County Public Health Center is to deliver the essential public health services of prevention, promotion, and protection to the communities of Clay County.

*An Equal Opportunity/Affirmative Action Employer  
Services provided on a non-discriminatory basis.*

# DEATH

## Clay County Public Health Center

800 Haines Drive, Liberty, MO. 64068 (816)595-4200 Fax: (816)595-4389

[www.clayhealth.com](http://www.clayhealth.com)

### APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE FOR THE STATE OF MISSOURI

**For Office Use Only:**

Date: \_\_\_\_\_ Init: \_\_\_\_\_ Client ID Checked: \_\_\_\_\_ Paid: Discover  Amex

Cash  Check

Visa  MC

**Number of copies requested?** \_\_\_\_\_

Our death records date back to Jan.1, 1980

**FULL NAME AT TIME OF DEATH:**

(First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

**DATE OF DEATH:**

(Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

**SEX:**  Male **AGE:** \_\_\_\_\_

Female

**DATE OF BIRTH:**

(Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

**SPOUSE'S NAME:**

**FATHER'S NAME:**

(First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

**A \$13.00 fee is required for each death certificate requested.**

**A fee of \$10.00 is charged for each additional death certificate.**

**FEE MUST ACCOMPANY APPLICATION:** *No cash by mail please*

**MAKE CHECK OR MONEY ORDER PAYABLE TO:**

Clay County Public Health Center

Include on your check: current driver's license and/or state ID NO., Date of Birth, and a phone number you can be reached at. Also if ordered by mail, include a copy of your driver's license and a self addressed stamped envelope with your request and check.

**MAIL OR BRING THIS APPLICATION TO:**

Clay County Public Health Center

800 Haines Drive

Liberty, MO 64068

**FOR MAIL-IN CREDIT CARD REQUESTS ONLY:**

VISA  MASTER CARD  DISCOVER  AMEX

**CARD#** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

**NAME AS APPEARS ON CREDIT CARD:**

\_\_\_\_\_

**WARNING: False application for a certified copy of a vital record is a felony punishable by a fine up to \$5,000, 5 yrs in prison or both (RSMo 193.315)**

**PRINT ALL ITEMS EXCEPT SIGNATURES:**

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Indicate Relationship such as self, parent, guardian, or legal representative, etc.:** \_\_\_\_\_

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