



CLAY COUNTY
PUBLIC HEALTH CENTER



Vital Records- Application

800 Haines Drive
Liberty, MO 64068
Revised: 4/25/16
Form# 1.010.112.8F-1

Applicants must show identification when requesting certified copies of a vital record in person.
Mailed requests must be notarized by a notary public and submitted with payment and self-addressed stamped envelope.

BIRTH - Only able to retrieve records back to 1920. Number of Copies: _____ (First copy issued \$15; Each Additional Copy \$15)
Full Name on Certificate: _____
Also Known AS (Indicate if birth could be recorded under another name): _____
Date of Birth: _____ Place of Birth (City, County, State): _____
Hospital: _____ Sex: Female Male Race: _____
Full Name of Father: _____
Full Maiden Name of Mother: _____

DEATH - Only able to retrieve records back to 1980. Number of Copies: _____ (First copy issued \$14; Each Additional Copy of the Same Record Ordered at the Same Time \$11)
Full Name on Certificate: _____
Date of Birth: _____ Place of Birth (City, County, State): _____
Date of Death: _____ Sex: Female Male Race: _____
Full Name of Spouse: _____
Full Name of Father: _____
Full Maiden Name of Mother: _____

Please print the following information- Must be completed and signed by the person obtaining the certificate.

Applicant's Name: _____ Phone Number: _____
Applicant's Full Mailing Address: _____
(Street) (City / Town) (State) (Zip)
Purpose for Certificate Request: _____
Your Relationship to Person Named on Record (if Legal Guardian, Must Provide Guardianship Papers).
If Legal Representative, Indicate Legal Relationship: _____



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



I, _____, subject to the penalty of perjury, do solemnly declare and affirm that I
(Print Name of Person Making Request)
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's Signature: _____ Date: _____

Notary Public Embosser Seal	State		County
	Subscribed, Declared and Affirmed Before Me,		Use Rubber Stamp in Clear Area Below
	Notary Public Signature	My commission Expires	
	Notary Public Name (Typed or Printed)		

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

Reference: Missouri Department of Health and Senior Services. (May 2012). *Application for a Vital Record*. Retrieved October 1, 2012 from <http://health.mo.gov/data/vitalrecords/pdf/birthdeath.pdf>