



**APPLICATION for a VITAL RECORD – MEDICAL RECORDS / REGISTRATION**

Clay County Public Health Center  
800 Haines Drive  
Liberty, MO 64068  
Revised: 10/22/12

Applicants must show or submit identification when requesting certified copies of a vital record.  
**Mail-in requests must also be notarized by an acceptable notary public.**

**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 \$13; Each Additional Copy of the Same Record Ordered at the Same Time \$10)

Full Name on Certificate: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Female  Male Race: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Birth (City, County, State): \_\_\_\_\_

Full Name of Spouse: \_\_\_\_\_

Full Name of Father: \_\_\_\_\_

Full Maiden Name of Mother: \_\_\_\_\_

**Please Enclose a Self Addressed Stamped Envelope** (business or legal size) **with Your Request** (Print the following information)

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: \_\_\_\_\_

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

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>