



Springfield-Greene County
Health Department
Helping people live longer, healthier, happier lives

Application for Certified Copy of Birth Certification

The law requires a fee of \$15.00 for each copy issued. The fee must accompany the application. Please do not send cash by mail. Make check or money order payable to: City of Springfield

Mail this application and your check or money order to:

Vital Records
Springfield/Greene County Health Department
227 East Chestnut Expressway
Springfield, MO 65802

NOTE: Please send a self-addressed, stamped envelope.

Number of copies requested: _____

Full name at birth First Middle Last or Maiden Name

Could this be recorded under any other name? _____ Sex _____

Date of Birth Month / Day / Year

Place of Birth City State

Full name of Father First Middle Last

Full name of Mother First Middle Maiden Name

Signature of Applicant _____

How are you related to this person? _____

Address of Applicant: _____

City _____ State _____ Zip _____ Daytime phone () _____

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

FOR OFFICE USE ONLY

Date _____ Paid \$ _____ Cash _____

Money Order _____ Check _____ Credit Card _____

Certificate # _____ Receipt # _____

Springfield-Greene County Health Department * 227 E Chestnut Expressway * Springfield, MO 65802
(417) 864-1658 * (417) 864-1099 fax * Email: health@springfieldmo.gov * www.springfieldmo.gov/health/