



227 E Chestnut Expressway Springfield MO 65802 417-864-1658

VITAL RECORDS APPLICATION

Applicants must show identification when requesting certified copies of a vital record at local health departments. Mail-in requests must be notarized by an acceptable notary public.

FEE MUST ACCOMPANY APPLICATION. Check or money order payable to: City of Springfield. Please enclose a self-addressed stamped envelope with your request.

[] BIRTH [] FETAL DEATH REPORT [] STILLBIRTH 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 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 _____ SEX FEMALE [] MALE [] RACE _____

DATE OF DEATH _____ PLACE OF DEATH (CITY, COUNTY, STATE) _____

FULL NAME OF SPOUSE _____

FULL NAME OF FATHER _____

FULL MAIDEN NAME OF MOTHER _____

PLEASE ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE WITH YOUR REQUEST (PRINT THE FOLLOWING INFORMATION)

APPLICANT'S NAME _____ PHONE NUMBER _____

APPLICANT'S STREET ADDRESS _____

APPLICANT'S 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 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 _____

Table with 2 columns: NOTARY PUBLIC EMBOSSEER SEAL and COUNTY. Includes fields for STATE, COUNTY, and NOTARY PUBLIC SIGNATURE.

Date: _____ Paid:\$ _____ Cash/CC/CK# _____ ID Type: _____ Initials: _____ Cert #: _____

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