



## VITAL RECORDS APPLICATION

Springfield-Greene County Health, 227 E Chestnut Expy., Springfield, MO 65802

**IN-PERSON APPLICATIONS:** Applicants must show identification when requesting certified copies of a vital record at local health departments.

**MAIL-IN APPLICATIONS:** Mail-in requests must be notarized by an acceptable notary public, and include a self-addressed stamped envelope.

<b>BIRTH CERTIFICATES</b>	Type of request <input type="checkbox"/> Birth			Number of copies (\$15 each)		
	Full name on certificate			Also known as (if birth could be recorded under another name)		
	Date of birth		Place of birth (city, county, state)			
	Hospital		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Race	
	Full name of father			Full maiden name of mother		
<b>APPLICANT INFORMATION</b>	Applicant's name				Phone number	
	Applicant's address (Street, City, State, ZIP code)					
	Purpose for certificate request					
	Your relationship to person named on record. (If legal representative, indicate legal relationship. If legal guardian, must provide guardianship papers.)					
	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.					
<b>NOTARY INFORMATION</b>	<b>Applicant's signature</b>				<b>Date</b>	
	NOTARY PUBLIC EMBOSSER SEAL OR STAMP		STATE		COUNTY	
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME, THIS _____ DAY OF _____, 20_____.					
	NOTARY PUBLIC SIGNATURE					
	NOTARY PUBLIC NAME (TYPED OR PRINTED)					
	MY COMMISSION EXPIRES					
Date	Paid \$	Cash/CC/CK#	ID Type	Initials	Cert #	

Fee must accompany all applications. Check or money order payable to: City of Springfield.  
False application for a certified copy of a vital record is a crime.