



Shannon County Health Center
P.O. Box 788
Eminence, MO 65466
573-226-3914

Beginning March 1, 2011, applicants must show identification when requesting certified copies of a vital record at the state health department or a local public health agency. **Mail-in requests must be notarized by an acceptable notary public and include a self-addressed stamped envelope to return the document in.**

Missouri law requires a fee for each certified copy that is issued. See fee amounts below. Please make check or money order payable to: **Shannon County Health Center.**

BIRTH 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/CO-PARENT _____

FULL MAIDEN NAME OF MOTHER/CO-PARENT _____

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 DEATH _____ SEX FEMALE MALE RACE _____

PLACE OF DEATH (CITY, COUNTY, STATE) _____

FULL NAME OF SPOUSE _____

FULL NAME OF FATHER _____

FULL MAIDEN NAME OF MOTHER _____

(PLEASE PRINT THE FOLLOWING INFORMATION)

APPLICANT'S NAME _____ PHONE NUMBER _____

FOR STATISTICAL PURPOSES ONLY, RACE/ETHNICITY: White/Caucasian Black/African American Asian
 American Indian Alaskan Native Hispanic/Latino Native Hawaiian/Pacific Islander Other

APPLICANT'S ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

APPLICANT'S DATE OF BIRTH _____ PURPOSE FOR CERT. REQUEST _____

YOUR RELATIONSHIP TO PERSON NAMED ON RECORD (IF LEGAL GUARDIAN, MUST PROVIDE GUARDIANSHIP PAPERS). IF LEGAL REPRESENTATIVE, INDICATE LEGAL RELATIONSHIP. _____

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.

➤ **(Required) Applicant's Signature** _____ **Date** _____

NOTARY PUBLIC EMBOSSER SEAL	STATE _____	COUNTY _____
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME ,	
	THIS _____ DAY OF _____ , 20 _____	
	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.