



## APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATION

The law requires a fee of **\$15.00** per certificate copy issued. **FEE MUST ACCOMPANY APPLICATION.**

We accept **MONEY ORDERS, CHECKS** (There will be a \$1.00 processing fee on all checks), and **CREDIT/DEBIT CARDS** (*Discover, Mastercard, Visa*) (There will be a 3% transaction fee of .45¢ per certificate on all credit/debit card transactions.). **NO CASH BY MAIL.**

**IF PAYING BY CHECK OR MONEY ORDER MAKE IT PAYABLE TO *Jefferson County Health Department*.**  
**IF BY CREDIT/DEBIT CARD PLEASE FILL OUT CREDIT/DEBIT CARD TRANSACTION FORM.**

**MAIL THIS APPLICATION TO:**

*Jefferson County Health Department  
 Bureau of Vital Records  
 405 Main St., P.O. Box 437  
 Hillsboro, MO 63050*

**CHECK ONE:**

- Please send my certificate by regular mail. I understand that the Jefferson County Health Department is not responsible for replacing certificates that are lost in the mail.
- Please send my certificate by certified mail. I understand that certified mail will add an additional cost of \$5.54 to the certificate.

**INFORMATION ABOUT PERSON WHOSE BIRTH CERTIFICATE IS REQUESTED**  
 (TYPE OR PRINT ALL ITEMS EXCEPT SIGNATURE)

FIRST NAME:	MIDDLE NAME:
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LAST NAME (IF FEMALE MAIDEN NAME):
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**\*IF THIS BIRTH COULD BE RECORDED UNDER ANOTHER NAME, PLEASE INDICATE IN THE BOXES BELOW:  
 (EX: ADOPTION, NAME CHANGE (EXCLUDING MARRIAGE AND DIVORCE))**

FIRST NAME:	MIDDLE NAME:	LAST NAME:
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DATE OF BIRTH:	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	ETHNICITY / RACE:
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CITY OF BIRTH:	COUNTY OF BIRTH:	STATE OF BIRTH:
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MOTHER'S FIRST NAME:	M. I.:	MOTHER'S <u>MAIDEN</u> NAME:
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FATHER'S FIRST NAME:	M.I.:	FATHER'S LAST NAME:
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MOTHER'S <u>STATE</u> OF BIRTH:	FATHER'S <u>STATE</u> OF BIRTH:
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REASON FOR NEEDING CERTIFICATE:	RELATIONSHIP (MUST BE REGISTRANT, MEMBER OF IMMEDIATE FAMILY, LEGAL GUARDIAN, OR LEGAL REPRESENTATIVE):
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SIGNATURE OF APPLICANT:	PRINTED NAME OF APPLICANT:	DATE:
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STREET ADDRESS:	DAYTIME TELEPHONE #: (    )    -
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CITY:	STATE:	ZIP CODE:	# OF COPIES REQUESTED:
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**FOR STAFF USE ONLY:**

CERT. #:	CK CR    MO	INITIALS:	DATE:
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