



APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATION

The law requires a fee of \$13.00 for the first certified copy issued. Additional copies are \$10.00 each.
FEE MUST ACCOMPANY APPLICATION. NO CASH BY MAIL.

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 .39¢ for the 1st copy ordered and
.30¢ for each additional copy thereafter on all credit/debit card transactions).

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 lost in the mail.
Please send my certificate by certified mail at an additional cost of \$5.54 to the certificate.

TYPE OR PRINT ALL ITEMS EXCEPT SIGNATURE

FIRST NAME:		MIDDLE NAME:	
LAST NAME (AT TIME OF DEATH):		SSN:	
DATE OF <u>DEATH</u> :	SEX: Male Female	DATE OF <u>BIRTH</u> :	
CITY OF DEATH:	COUNTY OF DEATH:	STATE OF DEATH:	
FIRST NAME OF SPOUSE:	M.I.:	LAST NAME OF SPOUSE:	
FIRST NAME OF FATHER:	M.I.:	LAST NAME OF FATHER:	

REASON FOR NEEDING CERTIFICATE:		RELATIONSHIP TO THE DECEASED:	
SIGNATURE OF APPLICANT:		PRINTED NAME OF APPLICANT:	DATE:
STREET ADDRESS:		DAYTIME TELEPHONE #: ()	
CITY:	STATE:	ZIP CODE:	NUMBER OF COPIES REQUESTED:

FOR STAFF USE ONLY:

CERT. #	CK CR MO	INITIALS:	DATE:
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