APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATION

State Law requires a fee of **$15.00** per certificate copy issued. **FEE MUST ACCOMPANY APPLICATION.**

Payment Method (check one):
□ Check ~ Made payable to Jefferson County Health Department
□ Money Order ~ Made payable to Jefferson County Health Department
□ Credit Card ~ If you pay by Credit/Debit card, one of our representatives will call you for payment at the Daytime Telephone # provided below.
A 3% transaction fee will be added to all Credit/Debit transactions.

****WARNING: FALSE APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD IS A CRIME****

MAIL THIS APPLICATION TO:	**CHECK ONE:**
Jefferson County Health Department *Bureau of Vital Records* *1515 Peach Tree Plaza Ct., P.O. Box 437* *Hillsboro, MO 63050*	□ 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 **$11.00** to the certificate.

FIRST NAME OF CERTIFICATE HOLDER:	**MIDDLE NAME:**
LAST NAME (IF FEMALE MAIDEN NAME):	

***ALSO KNOWN AS (INDICATE IF BIRTH COULD BE RECORDED UNDER ANOTHER NAME)**

FIRST NAME:	**MIDDLE NAME:**	**LAST NAME:**

DATE OF BIRTH: - -	**SEX (Circle One):** M or F	**ETHNICITY / RACE:**

CITY OF BIRTH:	**COUNTY OF BIRTH:**	**STATE OF BIRTH:** Missouri

PARENT ONE - FIRST & LAST NAME:	**M. I.:**	**PARENT ONE - *MAIDEN* NAME:**
PARENT TWO – FIRST & LAST NAME:	**M.I.:**	**PARENT TWO - *MAIDEN* NAME (IF APPLICABLE):**
PARENT ONE - STATE OF BIRTH:		**PARENT TWO - STATE OF BIRTH:**

REASON FOR NEEDING CERTIFICATE:	**RELATIONSHIP TO PERSON NAMED ON RECORD:**

SIGNATURE OF APPLICANT:	**PRINTED NAME OF APPLICANT:**	**DATE:** - -

STREET ADDRESS:			**DAYTIME TELEPHONE #:** ( ) -
CITY:	**STATE:**	**ZIP CODE:**	**# OF COPIES REQUESTED:**

- **MAIL-IN REQUESTS MUST BE NOTARIZED. ALL APPLICATIONS MUST BE SIGNED.**

I _____ 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 IS TRUE UNDER THE PAINS AND PENALTIES OF PERJURY.

- **APPLICANT'S SIGNATURE** _____ **DATE** _____

NOTARY PUBLIC EMBOSSER SEAL	**STATE**	**COUNTY**
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME, **THIS** _____ **DAY OF** _____ **, 20** ____	**USE RUBBER STAMP IN CLEAR AREA BELOW**
	NOTARY PUBLIC SIGNATURE / **MY COMMISSION EXPIRES**	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

FOR STAFF USE ONLY:

CERT. #:	**CA CK CR MO**	**INITIALS:**	**DATE:**

kvb 11.18.2025