



APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATION

State law requires a fee of **\$14.00** for the first certified copy issued. Additional copies are **\$11.00 each**.

FEE MUST ACCOMPANY APPLICATION. NO CASH BY MAIL.

We accept the following: **MONEY ORDER, CHECK, OR**

CREDIT/DEBIT CARD (Discover, MasterCard, Visa) (A 3% transaction fee will be added to the total amount charged.)

PLEASE MAKE **CHECK OR MONEY ORDER** PAYABLE TO: **Jefferson County Health Department**

IF PAYING BY **CREDIT/DEBIT CARD**, A REPRESENTATIVE WILL CALL YOU AT THE DAYTIME PHONE LISTED BELOW.

MAIL THIS APPLICATION TO:

Jefferson County Health Department
Bureau of Vital Records
1515 Peach Tree Plaza Ct., 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 **\$11.00** to the certificate.

TYPE OR PRINT ALL ITEMS EXCEPT SIGNATURE

FIRST NAME:		MIDDLE NAME:	
LAST NAME (AT TIME OF DEATH):		SSN:	
DATE OF DEATH: - -	SEX (Circle One): M OR F	DATE OF BIRTH: - -	
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:	# 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 EMBOSSE SEAL	STATE		COUNTY
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME,		USE RUBBER STAMP IN CLEAR AREA BELOW
	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.

FOR STAFF USE ONLY:

CERT. #	CA CR	CK MO	INITIALS:	DATE:
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