



APPLICATION FOR COPY OF BIRTH OR DEATH CERTIFICATION

Please mail or bring completed form to:
 St. Charles County Department of Public Health
 1650 Boone's Lick Road
 St. Charles, MO 63301
 Phone: (636) 949-7558

The St. Charles County Division of Health Services' Vital Records program issues certified copies of Missouri birth and death certificates. Birth records may be obtained for any immediate family member born in Missouri since 1920. Death certificates are available for any family member's death that occurred in Missouri since 1980. Proper fees must accompany this application. (Checks and money orders will be accepted; CASH IS NOT accepted for mailed applications.)

PLEASE MAKE CHECKS PAYABLE TO: St. Charles County Government

WHILE COMPLETING APPLICATION, PLEASE TYPE OR PRINT (USING BLUE OR BLACK INK) ALL ITEMS EXCEPT SIGNATURES

WARNING: Requesting false applications for a certified copy of a vital record is a felony; punishable by a fine of up to \$5,000, five years in jail, or both (RSMo193.315)

BIRTH RECORD _____ (Quantity Requested)	
THERE IS A \$15 FEE FOR EACH COPY OF A BIRTH CERTIFICATE.	
NAME ON CERTIFICATE (FIRST) (MIDDLE) (LAST)	
ALSO KNOWN AS (INDICATE IF THE BIRTH COULD BE RECORDED UNDER ANOTHER NAME)	
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
DATE OF BIRTH (MONTH) (DAY) (YEAR)	
PLACE OF BIRTH (CITY) (COUNTY) (STATE)	
FATHER'S NAME (FIRST) (MIDDLE) (LAST)	
MOTHER'S FULL MAIDEN NAME (FIRST) (MIDDLE) (LAST)	
FATHER'S STATE OF BIRTH	MOTHER'S STATE OF BIRTH

DEATH RECORD _____ (Quantity Requested)	
THERE IS A \$13 FEE FOR A DEATH CERTIFICATE. FOR EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME, THERE IS A \$10 FEE.	
NAME ON CERTIFICATE (FIRST) (MIDDLE) (LAST)	
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
PLACE OF DEATH	
DATE OF DEATH (MONTH) (DAY) (YEAR)	
SPOUSE'S NAME (FIRST) (MIDDLE) (IF KNOWN)	
FATHER'S NAME (FIRST) (MIDDLE) (LAST)	
MOTHER'S FULL MAIDEN NAME (FIRST) (MIDDLE) (LAST)	

Please Proofread Carefully – Certificate can only be exchanged within 30 days from the date of purchase (must have receipt attached.)

YOUR SIGNATURE	PLEASE PRINT NAME	DAYTIME PHONE ()
YOUR ADDRESS (STREET OR PO BOX) (CITY)		(STATE) (ZIP)
PURPOSE FOR WHICH CERTIFIED COPY IS TO BE USED		
YOUR RELATIONSHIP TO PERSON NAMED ON CERTIFICATE (SELF, MOTHER, FATHER, SPOUSE, ETC.) (IF LEGAL GUARDIAN, MUST PROVIDE GUARDIANSHIP PAPERS)		
IF LEGAL REPRESENTATIVE – PLEASE INDICATE LEGAL RELATIONSHIP		

THIS SECTION TO BE COMPLETED BY NOTARY PUBLIC ((this is required for all mailed applications))

NOTARY PUBLIC EMBOSSEER SEAL	STATE	COUNTY
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME, THIS _____ DAY OF _____, 20_____	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (PLEASE PRINT NAME)	
USE RUBBER STAMP IN CLEAR AREA BELOW		