



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS

APPLICATION FOR COPY OF BIRTH OR DEATH CERTIFICATION
(COUNTY)

BIRTH _____ <i>(Quantity)</i>			DEATH _____ <i>(Quantity)</i>		
<i>Computer Generated Copies Available From 1920 to Present</i>			<i>Computer Generated Copies Available From 1980 to Present</i>		
NAME ON CERTIFICATE (FIRST) (MIDDLE) (LAST)			NAME ON CERTIFICATE (FIRST) (MIDDLE) (LAST)		
PLACE OF BIRTH (CITY) (COUNTY) (STATE)			PLACE OF DEATH (CITY) (COUNTY)		RACE
DATE OF BIRTH (MONTH) (DAY) (YEAR)			DATE OF DEATH (MONTH) (DAY) (YEAR)		SEX
HOSPITAL	RACE	SEX	DATE OF BIRTH (MONTH) (DAY) (YEAR)		
FATHER'S NAME (FIRST) (MIDDLE) (LAST)			FATHER'S NAME (FIRST) (MIDDLE) (LAST)		
MOTHER'S NAME (FIRST) (MIDDLE) (MAIDEN)			MOTHER'S NAME (FIRST) (MIDDLE) (MAIDEN)		

(Type or Print All Items Except Signatures)

Mail Requests to:

Howell County Health Department
411 Garfield
West Plains, MO 65775
417-256-7078

**Certified Copy of
Birth Certificate - \$15.00**

**Death Certificate Fees will be \$13.00
for the First Certificate and \$10.00
for Additional Certificates in the
same visit.**

FEE MUST ACCOMPANY APPLICATION

Certified copies are computer generated and valid for all legal purposes.
Certified **Photostat** copies are available by request to:
MO. Dept. of Health and Senior Services, Bureau of Vital Records
930 Wildwood Dr., P.O. Box 570, Jefferson City, MO 65102
(Statewide recording of birth and death records began January 1, 1910)

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

WARNING: False application for a certified copy of a vital record is a felony punishable by a fine up to \$5,000, five years in prison, or both (RSMo 193.315)