



APPLICATION for a VITAL RECORD – MEDICAL RECORDS / REGISTRATION

Clay County Public Health Center
800 Haines Drive
Liberty, MO 64068
Revised: 10/22/12

Applicants must show or submit identification when requesting certified copies of a vital record.
Mail-in requests must also be notarized by an acceptable notary public.

BIRTH- Only able to retrieve records back to 1920. Number of Copies: _____ (First copy issued \$15; Each Additional Copy \$15)

Full Name on Certificate: _____

Also Known As (Indicate if birth could be recorded under another name): _____

Date of Birth: _____ Place of Birth (City, County, State): _____

Hospital: _____ Sex: Female Male Race: _____

Full Name of Father: _____

Full Maiden Name of Mother: _____

DEATH- Only able to retrieve records back to 1980. Number of Copies: _____ (First copy issued \$13; Each Additional Copy of the Same Record Ordered at the Same Time \$10)

Full Name on Certificate: _____

Date of Birth: _____ Sex: Female Male Race: _____

Date of Death: _____ Place of Birth (City, County, State): _____

Full Name of Spouse: _____

Full Name of Father: _____

Full Maiden Name of Mother: _____

Please Enclose a Self Addressed Stamped Envelope (business or legal size) **with Your Request** (Print the following information)

Applicant's Name: _____ Phone Number: _____

Applicant's Full Mailing Address: _____
(Street) (City / Town) (State) (Zip)

Purpose for Certificate Request: _____

Your Relationship to Person Named on Record (if Legal Guardian, Must Provide Guardianship Papers).

If Legal Representative, Indicate Legal Relationship: _____

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

I, _____, subject to the penalty of perjury, do solemnly declare and affirm that I
(Print Name of Person Making Request)

am eligible to receive a certified copy of the vital record(s) requested above and that the information contained in this application is true and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Notary Public Embosser Seal	State		County	
	Subscribed, Declared and Affirmed Before Me,		Use Rubber Stamp in Clear Area Below	
	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!

Reference: Missouri Department of Health and Senior Services. (May 2012). *Application for a Vital Record*. Retrieved October 1, 2012 from <http://health.mo.gov/data/vitalrecords/pdf/birthdeath.pdf>