



SAINT LOUIS COUNTY DEPARTMENT OF PUBLIC HEALTH
 OFFICE OF VITAL RECORDS
APPLICATION FOR COPY OF BIRTH OR DEATH CERTIFICATES

MAIL TO:
 DPH-Vital Records
 6121 North Hanley Road
 Berkeley, MO 63134

Saint Louis County Office of Vital Records issues certified copies of Birth and Death Certificates for the entire state of Missouri. The years available for birth certificates are 1920 to present. The years available for death certificates are 1980 to present.

In-Person – applicant must show proper identification.

Mail-In – request **must be notarized** by an acceptable notary public and include self-addressed stamped return envelope. **No refunds** will be issued after certificate leaves the office only exchanged for same person listed on original request within 30 days of purchase.

BIRTH CERTIFICATES (\$15.00 PER COPY)

NUMBER OF COPIES ____ TOTAL DUE _____

WERE YOU BORN IN MISSOURI YES NO	DATE OF BIRTH (MM/DD/YYYY)
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FULL NAME ON CERTIFICATE

INDICATE IF BIRTH COULD BE RECORDED UNDER A DIFFERENT NAME

MOTHER'S FULL MAIDEN NAME

FATHER'S FULL NAME

DEATH CERTIFICATES (\$14.00 1ST COPY; \$11.00 ADDITIONAL COPIES)

NUMBER OF COPIES ____ TOTAL DUE _____

FULL NAME ON CERTIFICATE

DATE OF MO DEATH (MM/DD/YYYY)	PLACE OF DEATH
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APPLICANT – THE INDIVIDUAL OR ENTITY REQUESTING A COPY OF A VITAL RECORD. MUST COMPLETE THE FOLLOWING:

APPLICANT'S FULL NAME	APPLICANT'S PHONE NUMBER
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APPLICANT'S ADDRESS

APPLICANT'S CITY/TOWN	APPLICANT'S STATE	APPLICANT'S ZIP
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PURPOSE FOR CERTIFICATE REQUEST	APPLICANT'S E-MAIL
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YOUR RELATIONSHIP TO PERSON NAMED ON THE RECORD (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)

APPLICANT'S SIGNATURE	DATE
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WARNING: FALSE APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD IS A CRIME.

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