

## APPLICATION for Certified Copy of BIRTH CERTIFICATE

INSTRUCTIONS	COPIES REQUESTED
<p>State Law requires a fee of <b>\$15.00</b> for each certified copy issued.</p> <p>Additional copies are <b>\$15.00</b> each -- <b>FEE MUST ACCOMPANY APPLICATION</b></p> <p>Make Check or Money Order Payable to:</p> <p style="text-align: center;"><b>City of St. Joseph</b></p> <p>Mail this Application To:</p> <p style="text-align: center;">City of St. Joseph Health Department Patee Market Health Center 904 S. 10<sup>th</sup> Street, Suite E St. Joseph, MO 64503</p>	<p><b>HOW MANY</b> <input style="width: 80px; height: 20px;" type="text"/></p> <p><b>AMT ENCLOSED</b> <input style="width: 80px; height: 20px;" type="text" value="\$"/></p>
	<b>For Office Use Only</b>
	Type of ID Presented <input style="width: 80px;" type="text"/>
	Type of Payment <input style="width: 80px;" type="text"/>

**INFORMATION ABOUT PERSON WHOSE BIRTH CERTIFICATE IS REQUESTED**  
(TYPE or PRINT all items EXCEPT SIGNATURE)

**FULL NAME OF PERSON (IF NEWBORN WAIT UNTIL SOCIAL SECURITY CARD HAS BEEN RECEIVED)**

FIRST NAME	MIDDLE NAME	LAST NAME (MAIDEN NAME)
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IF THIS BIRTH COULD BE RECORDED UNDER ANOTHER NAME, PLEASE INDICATE THE NAME

DATE OF BIRTH			SEX	RACE
MONTH	DAY	YEAR		

PLACE OF BIRTH		
CITY OR TOWN	COUNTY	STATE

FULL NAME OF FATHER		
FIRST NAME	MIDDLE NAME	LAST NAME

FULL MAIDEN NAME OF MOTHER		
FIRST NAME	MIDDLE NAME	LAST NAME (MAIDEN NAME)

**PERSON REQUESTING CERTIFIED COPY**  
**MUST BE REGISTRANT, MEMBER OF IMMEDIATE FAMILY, LEGAL GUARDIAN, OR LEGAL REPRESENTATIVE**

If MOTHER was not married at the time of birth to the NATURAL FATHER and the father did not sign an affidavit to add his name to this child's birth certificate the father's name DOES NOT appear on this record and the record is only available to the mother. ONLY EXCEPTION: certified legal guardianship papers presented with this application

PURPOSE FOR WHICH CERTIFIED COPY IS TO BE USED	RELATIONSHIP
SIGNATURE OF APPLICANT	DATE SIGNED

NAME AND ADDRESS OF APPLICANT (TYPE OR PRINT)		
NAME		TELEPHONE NUMBER
STREET ADDRESS		
CITY OR TOWN	STATE	ZIP CODE

**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 \_\_\_\_\_

State \_\_\_\_\_ Subscribed, Declared and Affirmed Before me,

County \_\_\_\_\_ This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

Notary Public Signature \_\_\_\_\_ My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public Name (Typed or Printed)