

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

INSTRUCTIONS The Law requires a fee of \$14.00 for each certified copy issued. Additional copies are \$11.00 each. FEE MUST ACCOMPANY APPLICATION Make Check or Money Order Payable to: <p style="text-align: center;">City of St. Joseph</p> Mail this Application To: City of St. Joseph Health Department Patee Market Health Center 904 S. 10th Street, Suite E St. Joseph, MO 64503	COPIES REQUESTED HOW MANY <input style="width: 50px;" type="text"/> AMT ENCLOSED \$ <input style="width: 50px;" type="text"/> <div style="text-align: center; border: 1px solid black; padding: 2px;">For Office Use Only</div> Type of ID Presented <input style="width: 100%;" type="text"/> Type of Payment <input style="width: 100%;" type="text"/>
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INFORMATION ABOUT PERSON WHOSE DEATH CERTIFICATE IS REQUESTED
 (TYPE or PRINT all items EXCEPT SIGNATURE)

1. FULL NAME OF DECEASED					
FIRST NAME		MIDDLE NAME		LAST NAME (AT TIME OF DEATH)	
2. DATE OF DEATH			3. SEX, RACE, AGE		
MONTH	DAY	YEAR	SEX	RACE	AGE
4. PLACE OF DEATH					
CITY OR TOWN			COUNTY	STATE	
5. FULL NAME OF SPOUSE					
FIRST NAME		MIDDLE NAME		LAST NAME	
6. FULL NAME OF FATHER					
FIRST NAME		MIDDLE NAME		LAST NAME	
7. FULL MAIDEN NAME OF MOTHER					
FIRST NAME		MIDDLE NAME		LAST NAME (MAIDEN NAME)	
PERSON REQUESTING CERTIFIED COPY					
8. PURPOSE FOR WHICH CERTIFIED COPY IS TO BE USED			9. RELATIONSHIP*		
10. SIGNATURE OF APPLICANT				11. DATE SIGNED	
12. NAME AND ADDRESS OF APPLICANT (TYPE OR PRINT)					
NAME			TELEPHONE NUMBER		
STREET ADDRESS					
CITY OR TOWN			STATE	ZIP CODE	

***MUST BE REGISTRANT, MEMBER OF IMMEDIATE FAMILY, LEGAL GUARDIAN, OR LEGAL REPRESENTATIVE**

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 _____
 County _____

Subscribed, Declared and Affirmed Before Me,
 This _____ Day of _____, 20 ____

Notary Public Signature _____ My Commission Expires _____

 Notary Public Name (Typed or Printed)