



**Shelby County Health Department**  
**700 E Main Street Shelbyville MO 63469**  
**573-633-2353**



**Public Health**  
 Prevent. Promote. Protect.

# Missouri Birth and Death Certificate Application

Which certificate do you need?	<input type="checkbox"/> Birth Certificate \$15.00 each	<input type="checkbox"/> Death Certificate \$14 for 1 <sup>st</sup> copy, \$11 for each extra copy
How many copies do you need?	_____	_____

Full Name on Certificate: \_\_\_\_\_

For Birth Certificate-Date of Birth (month/day/year): _____	For Death Certificate-Date of Death (month/day/year): _____
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Full Name of Parent 1 (Last name before marriage): \_\_\_\_\_

Full Name of Parent 2 (Last name before marriage): \_\_\_\_\_

Your Relationship to Person Named on Certificate.  In Person must submit photo ID	<input type="checkbox"/> Self	<input type="checkbox"/> Child	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other: Specify
	<input type="checkbox"/> Parent	<input type="checkbox"/> Sister	<input type="checkbox"/> Current Spouse	
	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Sister/Brother	<input type="checkbox"/> Legal Guardian	

I, the undersigned, subject to penalty of perjury, do solemnly declare and affirm that I am eligible to receive a copy of the vital record (birth or death certificate) requested above and that the information contained in the application is true and correct to the best of my knowledge.

Your Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your Address: \_\_\_\_\_



## STOP HERE UNLESS MAILING APPLICATION

- If mailing application, send to: **Shelby County Health Department, PO Box 240, Shelbyville MO 63469**
- Mailed applications must be **signed and notarized**, and include a check payable to: **Shelby County Health Department.**
- Please include a stamped, self-addressed envelope.

State of _____ County of _____ On this _____ day of _____ in the year _____, before me, the undersigned notary public, personally appeared _____, known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.  _____ Notary Public	Notary Embosser Seal or Black Rubber Stamp Below
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