



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



Missouri Birth and Death Certificate Application

Which certificate do you need?	<input type="checkbox"/> Birth Certificate <i>\$15.00 each</i>	<input type="checkbox"/> Death Certificate <i>\$14 for 1st copy, \$11 for each extra copy</i>
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):
---	---

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.	<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	
In Person must submit photo ID				

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
--	--