



IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, MISSOURI

Judge or Division:	Case Number:
Petitioner:	Petitioner's Address:
vs.	
Respondent: Department of Health and Senior Services Bureau of Vital Records	Respondent's Address: Missouri Department of Health and Senior Services Bureau of Vital Records P.O. Box 570 Jefferson City, MO 65102-0570

(Date File Stamp)

**Order to Establish Record of Birth**

(Please print or type all information.)

On \_\_\_\_\_ (date) the Court takes up the Petitioner's Petition for Delayed Birth Certificate.  
 Petitioner appears  in person  by attorney. Respondent appears  by attorney  appears not.  
 Petitioner submits the following evidence in support thereof: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

The Court having heard and examined the evidence submitted, finds that the Petitioner,

\_\_\_\_\_  
 (First, Middle and Last Name)

is a \_\_\_\_\_, born on \_\_\_\_\_ of \_\_\_\_\_,  
 (Race) (Gender) (Day) (Month)

\_\_\_\_\_ in \_\_\_\_\_,  
 (Year) (Place of Birth - City & County)

within the state of Missouri.

The Court further finds that petitioner's parents were:

Mother: \_\_\_\_\_  
 (First Name) (Middle Name) (Maiden Name)

\_\_\_\_\_  
 ((Place of Birth - State or Country))

Father: \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name)

\_\_\_\_\_  
 ((Place of Birth - State or Country))

The Court therefore orders the Bureau of Vital Records to register said birth and to issue a certified certificate of birth to petitioner.

**So Ordered:**

\_\_\_\_\_ Date \_\_\_\_\_ Judge