



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF VITAL RECORDS  
**APPLICATION FOR A VITAL RECORD**

P.O. Box 570  
 Jefferson City, Missouri 65102-0570

Applicants must show identification when requesting certified copies of a vital record at the state health department. **Mail-in requests must be notarized by an acceptable notary public.**

Missouri law requires a non-refundable search fee for each five-year search of the files. If eligibility requirements are met and a record is found, applicant is entitled to certified copies. A statement will be issued if no record is found. **FEE MUST ACCOMPANY APPLICATION.** FEES ARE VALID FOR ONE YEAR. Check or money order payable to: **Missouri Department of Health and Senior Services.**

State recording of marriage and divorce reports began July 1, 1948.

**MARRIAGE STATEMENT** NUMBER OF COPIES \_\_\_\_\_ (FIRST COPY ISSUED \$15; EACH ADDITIONAL COPY \$15)

*FOR A COPY OF A MARRIAGE LICENSE CONTACT THE RECORDER OF DEEDS IN THE COUNTY WHERE THE LICENSE WAS ISSUED.*

FULL NAME OF GROOM \_\_\_\_\_

FULL MAIDEN NAME OF BRIDE \_\_\_\_\_

DATE OF MARRIAGE \_\_\_\_\_ PREVIOUS MARRIED NAME \_\_\_\_\_

LICENSE ISSUED (CITY, COUNTY) \_\_\_\_\_

**DIVORCE STATEMENT** NUMBER OF COPIES \_\_\_\_\_ (FIRST COPY ISSUED \$15; EACH ADDITIONAL COPY \$15)

*FOR DIVORCE DECREE OF MARRIAGE CONTACT THE CIRCUIT CLERK'S OFFICE IN THE COUNTY WHERE THE DECREE WAS GRANTED.*

FULL NAME OF HUSBAND \_\_\_\_\_

FULL MAIDEN NAME OF WIFE \_\_\_\_\_

DATE DECREE ISSUED \_\_\_\_\_ PREVIOUS MARRIED NAME \_\_\_\_\_

DECREE ISSUED (CITY, COUNTY) \_\_\_\_\_

**PLEASE ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE WITH YOUR REQUEST (PRINT THE FOLLOWING INFORMATION)**

APPLICANT'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

APPLICANT'S STREET ADDRESS \_\_\_\_\_

APPLICANT'S CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PURPOSE FOR CERTIFICATE REQUEST \_\_\_\_\_

YOUR RELATIONSHIP TO PERSON NAMED ON RECORD (IF LEGAL GUARDIAN, MUST PROVIDE GUARDIANSHIP PAPERS). IF LEGAL REPRESENTATIVE, INDICATE LEGAL RELATIONSHIP. \_\_\_\_\_

➤ **MAIL-IN REQUESTS MUST BE NOTARIZED. ALL APPLICATIONS MUST BE SIGNED.**

I \_\_\_\_\_, SUBJECT TO THE PENALTY OF PERJURY, 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 CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

➤ **APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>NOTARY PUBLIC EMBOSSER SEAL</b>	STATE _____	COUNTY _____
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME ,	
	THIS _____ DAY OF _____, 20 ____	
	NOTARY PUBLIC SIGNATURE _____	MY COMMISSION EXPIRES _____
NOTARY PUBLIC NAME (TYPED OR PRINTED) _____		

**WARNING: False application for a certified copy of a vital record is a crime.**