



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
DEPUTY LOCAL REGISTRAR ACCEPTANCE FORM

State of Missouri

ss.

County of _____

I, _____, being duly sworn upon my oath, say that I will support the Constitution of the United States and the Constitution of the State of Missouri, hereby accept the appointment of DEPUTY LOCAL REGISTRAR and will faithfully demean myself in the office as DEPUTY LOCAL REGISTRAR of Vital Statistics for the _____ Registration District, in the County of _____ State of Missouri. I hereby bind myself to discharge the duties of my position according to the law and to observe all the regulations made by the Department of Health and Senior Services as are therein provided for.

In Witness Whereof, I have hereunto affixed my signature, this _____ day of _____ A.D. 20_____.

Subscribed and sworn to before me this _____ day of _____, 20_____.

 Notary Public

My commission expires _____ day of _____, 20_____.

(Effective immediately, upon the completion of this form, you are legally authorized to perform all duties as a Deputy Local Registrar.)