

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF VITAL RECORDS

**AFFIDAVIT WHEN FATHER IS DECEASED**

COMPLETE IN BLACK INK **ONLY**. ANY FAX, PHOTO OR REPRODUCED COPIES OF THIS FORM WILL **NOT** BE ACCEPTED AND WILL BE RETURNED FOR THE ORIGINAL. WHITE-OUT, ERASURES AND TYPEOVERS OR WRITEOVERS ARE NOT ACCEPTABLE.

AFFIANT NAME	RELATIONSHIP TO FATHER
DECEASED NAME (FATHER)	DATE OF DEATH
LOCATION OF DEATH (CITY AND STATE)	

**I do solemnly swear that to the best of my knowledge and belief, the above named deceased is the father of a child born to:**

MOTHER'S NAME (AT THE TIME OF CHILD'S BIRTH)	DATE OF MARRIAGE TO MOTHER
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**This child's birth is registered in the Bureau of Vital Records, Jefferson City, Missouri as:**

CHILD'S NAME AT BIRTH	CHILD'S DATE OF BIRTH			
CHILD'S BIRTHPLACE	HOSPITAL	CITY	COUNTY	STATE
CHILD'S DESIRED NEW NAME	NAME	FIRST	MIDDLE	LAST

**MUST BE SIGNED IN PRESENCE OF NOTARY**



SIGNATURE OF AFFIANT
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NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>		

**Below is the information necessary to establish an amended birth record for the child, showing its birth as legitimate.**

NAME OF FATHER	DATE OF FATHER'S BIRTH
RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK HISPANIC OTHER (SPECIFY)	BIRTHPLACE (STATE)  EDUCATION