



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF VITAL RECORDS  
**APPLICATION/CERTIFICATE TO RECORD BIRTH  
 AFTER 12TH BIRTHDAY**

**MAIL TO:**  
 DHSS - Bureau of Vital Records  
 930 Wildwood Dr.  
 Jefferson City, MO 65109

**INSTRUCTIONS:** This application should only be used after an Application for a Vital Record and \$15.00 search fee was submitted and a "Statement of No Record" was issued to you by the Missouri Bureau of Vital Records. Upon completion of this application, the original \$15.00 search fee will also be applied to register this delayed birth. After successful registration, if a copy of the delayed birth certificate is requested, a new Application for a Vital Record and \$15.00 fee per copy is required. Check or money order may be made payable to: Missouri Department of Health and Senior Services.

**Use only permanent black ink on this form. Print or type everything except signatures. Erasures, write-overs, and/or white-out are not acceptable. Any faxed, photo, or reproduced copies of this form will not be accepted. See complete instructions on page 3.**

**Note:** This application will become your official delayed certificate of birth when accepted and filed by the Bureau of Vital Records.

**DO NOT WRITE IN BOX BELOW FOR CERTIFICATE NO.**

MO DEPT. OF HEALTH AND SENIOR SERVICES BUREAU OF VITAL RECORDS				DELAYED OR SPECIAL CERTIFICATE OF BIRTH NO. ▶			
CHILD'S NAME AT BIRTH FIRST		MIDDLE	LAST	SUFFIX	DATE OF BIRTH MONTH	DAY	YEAR
RACE	SEX	BIRTHPLACE CITY, TOWN, OR LOCATION			COUNTY	STATE	
MOTHER'S/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE FIRST		MIDDLE	LAST	SUFFIX			
MOTHER'S/CO-PARENT'S CURRENT LEGAL NAME FIRST		MIDDLE	LAST	SUFFIX			
PLACE OF BIRTH COUNTRY			STATE, TERRITORY, OR PROVINCE				
FATHER'S/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE FIRST		MIDDLE	LAST	SUFFIX			
FATHER'S/CO-PARENT'S CURRENT LEGAL NAME FIRST		MIDDLE	LAST	SUFFIX			
PLACE OF BIRTH COUNTRY			STATE, TERRITORY, OR PROVINCE				

**AFFIDAVIT:** I have reviewed and hereby declare upon oath that the above statements are true.

REGISTRANT'S ADDRESS NUMBER AND STREET	CITY, TOWN, OR LOCATION	STATE	ZIP CODE
<b>MUST BE SIGNED IN PRESENCE OF NOTARY ▶</b>	REGISTRANT'S OWN SIGNATURE		DATE
NOTARY PUBLIC EMBOSSEER SEAL	STATE OF		COUNTY
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME THIS DAY OF YEAR		<b>USE RUBBER STAMP IN CLEAR AREA BELOW</b>
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

<b>▶ DO NOT WRITE BELOW THIS LINE</b>		<b>ABSTRACT OF SUPPORTING EVIDENCE</b>	<b>DO NOT WRITE BELOW THIS LINE ◀</b>	
NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND SIGNED)			DATE ORIGINAL DOCUMENT WAS MADE	
1.				
2.				
3.				
4.				

<b>INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT</b>			
DATE OF BIRTH OR AGE	BIRTHPLACE	NAME OF FATHER/CO-PARENT	NAME OF MOTHER/CO-PARENT
1.			
2.			
3.			
4.			

ADDITIONAL INFORMATION	
<b>BUREAU OF VITAL RECORDS REVIEWER'S STATEMENT:</b> I hereby certify that I have reviewed the evidence submitted in support of the above affidavit and that the preceding abstract is taken from this evidence.	FILED IN THE DEPT. OF HEALTH AND SENIOR SERVICES, JEFFERSON CITY, MO ON
REVIEWER'S SIGNATURE (VITAL RECORDS)	DATE

**SUPPORTING AFFIDAVIT** *(The person completing this Affidavit MUST be OLDER than the registrant, but NOT necessarily present at the birth.)*

I, \_\_\_\_\_, of lawful age,  
do solemnly declare and affirm that I am \_\_\_\_\_ years of age; that I am well acquainted with  
\_\_\_\_\_ and have known the registrant for more than \_\_\_\_\_ years last

BIRTH NAME OF REGISTRANT

past; that, at the time I first knew the registrant, the registrant was \_\_\_\_\_ years of age. I verily believe  
that **he/she** was born in \_\_\_\_\_ on \_\_\_\_\_.

CITY, TOWN, OR LOCATION, COUNTY, AND STATE

MONTH, DAY, YEAR

I remember the date and place of the registrant's birth because (state some fact or incident that enables you to recall the  
birth date and birth place):  
\_\_\_\_\_  
\_\_\_\_\_

AFFIANT'S NAME (PRINT OR TYPE)	RELATIONSHIP TO REGISTRANT
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ADDRESS NUMBER AND STREET	CITY, TOWN, OR LOCATION	STATE	ZIP CODE
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<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b> ▶	AFFIANT'S SIGNATURE	DATE
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NOTARY PUBLIC EMBOSSER SEAL	STATE OF	COUNTY
	SUBSCRIBED, DECLARED AND AFFIRMED 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>		

## INSTRUCTIONS TO FILE A DELAYED CERTIFICATE OF BIRTH IN MISSOURI

*(Only a person who is now 12 years of age or older will use this form.)*

Any fax, photo, or reproduced copies of this form will **not** be accepted.

1. AFFIDAVIT on Page 1:
  - a) Give the facts as of the time of your birth. (If you have been adopted, write to the Missouri Bureau of Vital Records for special instructions.)
  - b) Registrant must sign in present legal name in the presence of a notary public and include the notary's signature, date of signature, and date of expiration of commission. (The notary should not be related to registrant.)
  
2. AFFIDAVIT on Page 2:
  - a) Have a parent prepare and sign the Supporting Affidavit before a notary public.
  - b) If both parents are deceased, have an OLDER relative or OLDER long-time acquaintance prepare the affidavit. This person must state how they came to know about your date and place of birth. (Not husband/wife/spouse.)
  
3. TWO DOCUMENTS (of different type) are required to verify your name, date, and place of birth. (Suggested documents are found on page 4.)
  - a) Observe the following as each document must show:
    - Your full correct name when you were born.
    - Your correct date of birth, place of birth, and one document must give names of parents.
    - The source of the document (the name and location).
    - The date the document was first made (filed). (The document must be over 5 years old.)
  - b) The older the document, the stronger the probative value.
  - c) An altered document is not acceptable.
  - d) Personal knowledge affidavits are not accepted in lieu of documents.
  
4. Return your delayed birth application and two documents. Documents **MUST** accompany the delayed birth application.

**Note:** This delayed birth application should only be used after an Application for a Vital Record and \$15.00 search fee was submitted and a "Statement of No Record" was issued to you by the Missouri Bureau of Vital Records. Upon completion of this delayed birth application, the original \$15.00 search fee will also be applied to register this delayed birth. After successful registration, if a copy of the delayed birth certificate is requested, a new Application for a Vital Record and \$15.00 fee per copy is required. Check or money order may be made payable to: Missouri Department of Health and Senior Services.

### ADDITIONAL INFORMATION

5. The Missouri Bureau of Vital Records was established in 1910. Delayed registration of individuals born prior to 1910 began in 1931, and then only by request.
6. The Missouri Bureau of Vital Records has authorized **NO ONE** else to represent the Bureau in handling delayed certificates.
7. You may wish to contact the Social Security local office, your county welfare office, etc., regarding their requirements before submitting your application to the Bureau.
8. Every state/jurisdiction has a procedure to file a delayed birth certificate. You should file in your state/jurisdiction of birth.
9. **A delayed birth certificate cannot be filed for a deceased person.** (The death certificate gives all the data which would appear on the delayed birth certificate. The death certificate also includes citizenship.)
10. A delayed certificate that is incorrect or inadequate can be changed by **COURT ORDER ONLY**.

## SUGGESTED DOCUMENTS

*(Send two)*

### 1. **Baptismal, Cradle Roll, or other Church Record**

If the registrant does not have such a record, the registrant should write to the present pastor of the church where the record was created. If the record is in a foreign language, the essential information should be translated. The officer holding the record shall certify to the facts, using their official title and seal or letterhead. The name and date of birth or age must appear on the record.

### 2. **Physician, Dentist, Optometrist, or Hospital Record**

Can be either a copy of a record in their files or a statement on their stationery that states your full name, date of birth, name and address of the physician or hospital, and date you were first seen by the doctor or admitted to the hospital. Document must be **over** 5 years old.

### 3. **Child's Birth Record**

Must be obtained from the state/jurisdictional vital records office in the state/jurisdiction the child was born. Must show your full name, age, place of birth, child's full name, child's birthdate, state file number, and must bear the state seal. Hospital birth records are not acceptable. Document must be **over** 5 years old. If an amendment has been made on the child's birth record, the amendment must be **over** 5 years old.

### 4. **Insurance Policy (Life, Health and Accident, Hospital, Burial Benefits, etc.)**

Most insurance policies are excellent documents since they usually carry the registrant's name, exact date and place of birth, and date policy application was made. Be sure your policy is over 5 years old. If the policy is not now in your possession for any reason, write the Company for the information you need. **DO NOT SEND A STATEMENT BASED ON A POLICY UNLESS IT IS PREPARED BY THE COMPANY'S AGENT FROM COMPANY'S RECORDS.** An affidavit regarding a policy cannot be accepted. Policy must give name and address of company.

### 5. **Military Record**

Must show your full name, date of birth, date you entered the service, your service number, and the date you were discharged. Document must be **over** 5 years old.

### 6. **School Record or School Enumeration Record**

Applicant may be able to obtain a record from the superintendent of the school attended, the county superintendent of schools, or the county clerk. The record must show your full name, age or date of birth, birthplace, and date record was prepared. The officer holding the record shall certify to these facts, using official title and seal or letterhead.

### 7. **Employment Application**

Can be either a copy of the records in their files or a statement on their stationery that states your full name, date of birth, date you applied for the job or the date you were hired, and the company's name and address. This may be obtained from the personnel office. Document must be **over** 5 years old.

### 8. **Voter Registration Application**

Obtained from the county clerk's office. Must show your full name, date of birth, place of birth, county, and state registered in and the date you registered. Document must be **over** 5 years old.

### 9. **Social Security Numident**

This is a computer print-out of the application that you completed at the time you applied for your Social Security Number and can be obtained from your local Social Security office.

### 10. **Marriage License (Application)**

Obtained from the recorder of deeds office in the county you obtained your marriage license. Must show your full name, age, date applied, county, and state where you obtained your license and must be **over** 5 years old.

11. Additional acceptable records may be available. Driver's license, fraternal order membership applications, and U.S. Passport are a few other suggestions. Rarely does a registrant fail to have available several acceptable documents.