



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.

PARTY A NAME ON RECORD _____
 Bride Groom Spouse (circle one) First MIDDLE, if any LAST BEFORE ANY MARRIAGE LAST AFTER THIS MARRIAGE

PARTY B NAME ON RECORD _____
 Bride Groom Spouse (circle one) First MIDDLE, if any LAST BEFORE ANY MARRIAGE LAST AFTER THIS MARRIAGE

PREVIOUS MARRIED NAME Party A _____ Party B _____

DATE OF MARRIAGE _____ 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.

PARTY A NAME ON RECORD _____
 Bride Groom Spouse (circle one) First MIDDLE, if any LAST BEFORE ANY MARRIAGE LAST AFTER THIS MARRIAGE

PARTY B NAME ON RECORD _____
 Bride Groom Spouse (circle one) First MIDDLE, if any LAST BEFORE ANY MARRIAGE LAST AFTER THIS MARRIAGE

PREVIOUS MARRIED NAME Party A _____ Party B _____

DATE DECREE ISSUED _____ 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** _____

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|---|---|-----------------------------|
| NOTARY PUBLIC EMBOSSER SEAL | STATE _____ | COUNTY _____ |
| | SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME , | |
| | THIS _____ DAY OF _____, 20 _____ | |
| | NOTARY PUBLIC SIGNATURE _____ | MY COMMISSION EXPIRES _____ |
| NOTARY PUBLIC NAME (TYPED OR PRINTED) _____ | | |
| USE RUBBER STAMP IN CLEAR AREA BELOW | | |

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