| Date Issued: | |
|-----------------|--|
| Certificate # | |
| Cash or Check # | |

APPLICATION FOR A VITAL RECORD

Beginning March 1, 2011, applicants must show identification when requesting certified copies of a vital record at the local and state health departments. Mail-in requests must be notarized by an acceptable notary public.

FEE MUST ACCOMPANY APPLICATION. Check or money order payable to: Perry County Health Department.

406 N. Spring Street, Suite #1, Perryville, MO 63775 State recording of birth and death records began January 1, 1910.

| BIRTH | NUMBER OF COPIES (FIRST COPY ISSUED \$15; EACH ADDITION | AL COPY \$15) | | | | |
|--|---|---------------|--|--|--|--|
| FULL NAME ON CERTIFICATE | | | | | | |
| ALSO KNOWN AS (INDICATE IF BIRTH COULD BE RECORDED UNDER ANOTHER NAME) | | | | | | |
| DATE OF BIRTH | PLACE OF BIRTH (CITY, COUNTY, STATE) | | | | | |
| HOSPITAL | SEX FEMALE MALE RACE | | | | | |
| FULL NAME OF FATHER | | | | | | |
| FULL MAIDEN NAME OF MOTHER | | | | | | |
| ID VERIFICATION USED: Driver's License Dessport Sch., Military, Work Picture ID OTHER | | | | | | |
| | | | | | | |
| 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 REQ | UEST | | | | | |
| 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 | E NOTARIZED. ALL APPLICATIONS MUST BE SIGNED. | | | | | |
| | DO SOLEMNLY DECLARE AND AFFIRM THAT I AM ELIGIBLE L RECORD(S) REQUESTED ABOVE AND THAT THE INFORMATION IS T ERJURY. | | | | | |

APPLICANT'S SIGNATURE _____

DATE: _____

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