

Perry County Health Department
406 N. Spring, Suite #1
Perryville, MO 63775

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.

DEATH	NUMBER OF COPIES _____	(FIRST COPY ISSUED \$13; EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE TIME \$10)
FULL NAME ON CERTIFICATE _____		
DATE OF DEATH _____	SEX FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>	RACE _____
PLACE OF DEATH (CITY, COUNTY, STATE) _____		
FULL NAME OF SPOUSE _____		
FULL NAME OF FATHER _____		
FULL MAIDEN NAME OF MOTHER _____		
ID VERIFICATION USED: Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Sch., Military, Work Picture ID <input type="checkbox"/> 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 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 _____ 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 IS TRUE UNDER THE PAINS AND PENALTIES OF PERJURY.

APPLICANT'S SIGNATURE _____

DATE: _____

NOTARY PUBLIC EMBOSSEER 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) _____	

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