



Public Health  
Prevent. Promote. Protect.

Columbia/Boone County Public Health & Human Services  
1005 West Worley | Columbia, MO 65203 | 573-817-6441



# Missouri Birth and Death Certificate Application

Which certificate do you need?

Birth Certificates  
\$15 each

Death Certificates  
\$14 for 1st copy  
\$11 for each extra copy

How many copies do you need? \_\_\_\_\_

Full Name on Certificate: \_\_\_\_\_

For Birth Certificates - Date of Birth (month/day/year): \_\_\_\_\_

For Death Certificates - Date of Death (month/day/year): \_\_\_\_\_

Full Name of Parent 1 (Last name before marriage/domestic partnership): \_\_\_\_\_

Full Name Parent 2 (Last name before marriage/domestic partnership): \_\_\_\_\_

Your Relationship  
to Person Named  
on Certificate

Self

Child

Grandchild

Other (specify) \_\_\_\_\_

Parent

Sister

Current Spouse

Grandparent

Brother

Legal Guardian (with judgement of custody)

In person - must  
submit photo ID

**YOUR**

**CURRENT**

**INFORMATION**

Your  
Name: \_\_\_\_\_

Your Phone Number:  
(with area code) \_\_\_\_\_

Your  
Address: \_\_\_\_\_

City, State/Zip: \_\_\_\_\_

I, the undersigned, subject to penalty of perjury, do solemnly declare and affirm that I am eligible to receive a certified copy of the vital record (birth or death certificate) requested above and that the information contained in this application is true and correct to the best of my knowledge.

YOUR SIGNATURE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_



**STOP HERE UNLESS MAILING APPLICATION**

- **If mailing application, send to:** Columbia/Boone County Department of Public Health and Human Services, 1005 W. Worley, Columbia, MO 65203.
- Mailed applications must be **signed and notarized**, and include a check or money order payable to City of Columbia.
- Please include a stamped, self-addressed envelope.

State of \_\_\_\_\_  
County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_,  
before me, the undersigned notary public, personally appeared \_\_\_\_\_,

known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained. In witness whereof, I hereunto set my had and official seal.

\_\_\_\_\_  
Notary Public

Notary Embosser Seal or Black Rubber Stamp Below