

Application for Certified Copy of Birth Certificate
 Certified copies are computer generated and are valid for all legal purposes.

Beginning March 1, 2011, 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.**

The law requires a fee of \$15.00 for each copy issued. The fee must accompany the application. Records are available from 1920 to current. Make check or money order payable to: **Livingston County Health Center.**

Mail this application and fee required to: Livingston County Health Center, 800 Adam Drive Chillicothe, MO 64601.

Number of copies requested: ____

Name at birth First Middle Last or Maiden Name

Could this record be recorded under any other name? _____

If yes, under what name? _____

Sex: M _____ F _____ Date of Birth _____ / _____ / _____

Place of Birth: City _____ County _____ State (Missouri Births Only)

Name of Father First Middle Last

Name of Mother First Middle Last (Maiden)

Printed Name of Person Applying for Certificate _____

Is this certificate for yourself? Yes No If NO, please state relationship: _____

Address of person applying: _____

City _____ State _____ Zip _____ Daytime Phone (____) _____

Signature of person applying for certificate _____

➤ **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) _____		