Application for Certified Copy of DEATH 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 $13.00 for the first copy and $10.00 for each additional ordered at the same time. The fee must accompany the application. Records are available from 1980 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 Death_____
First Middle Last

Sex: M ☐ F ☐

Date of Death (Month/Day/Year) _____/_____/_____

Place of Death: City _____County _____ State (Missouri Deaths Only)

Date of Birth (Month/Day/Year) _____/_____/_____

Surviving spouses name (if applicable)_____

Printed Name of person applying for certificate_____

How are you related to the person on the certificate?_____

Address of person applying for certificate:_____

City_____State_____Zip_____Daytime Phone (____)_____

Signature of person applying for certificate_____

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

Form Date Mar 2011