

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

Applicants must show identification when requesting certified copies of a vital record.

The law requires a fee of \$14.00 for the first copy and \$11.00 for each additional ordered at the same time.  
Payments accepted: Cash, Personal Check, Debit/Credit Card and Money Order.

Make Checks Payable to:  
**Livingston County Health Center**

Number of copies requested: \_\_\_\_ (First copy \$14; additional copies of same record ordered at the same time \$11.)

Full Name on Certificate: \_\_\_\_\_  
Sex: M  F  Date of Death (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Place of Death: City \_\_\_\_\_ County \_\_\_\_\_ State (Missouri Deaths Only)  
Date of Birth (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Full name of Father \_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_  
Relationship to person named on record \_\_\_\_\_  
Address Street Address \_\_\_\_\_  
Applicant's City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Date \_\_\_\_\_  Mail  Walk-in  Debit/Credit  Cash  Check  M.O.  ID Presented \_\_\_\_\_