

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

**Mail-in requests must be notarized by an acceptable notary public.**

The law requires a fee of \$14.00 for the first copy and \$11.00 for each additional ordered at the same time. The fee must accompany the application. Make check or money order payable to: **Livingston County Health Center**. Payments accepted: Personal Check or Money Order.

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

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) \_\_\_\_/\_\_\_\_/\_\_\_\_

Surviving spouses name (if applicable) \_\_\_\_\_

Full name of Father \_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Relationship to person named on record \_\_\_\_\_

Address Street Address \_\_\_\_\_

Applicant's City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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** \_\_\_\_\_

<b>NOTARY PUBLIC EMBOSSEER SEAL</b>	STATE _____	COUNTY _____
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME ,	
	THIS _____ DAY OF _____ , 20 ____	
	NOTARY PUBLIC SIGNATURE _____ MY COMMISSION EXPIRES _____	
	NOTARY PUBLIC NAME (TYPED OR PRINTED) _____	

**USE RUBBER STAMP IN CLEAR AREA BELOW**