



Cooper County Public Health Center
17040 Klinton Dr., Boonville, MO 65233

Public Health
Prevent. Promote. Protect.

Phone: 660-882-2626
FAX: 660-882-2586

Missouri Birth and Death Certificate Application

Which Certificate do you need?	<input type="checkbox"/> Birth Certificates \$15 each	<input type="checkbox"/> Death Certificates \$13 for 1 st copy \$10 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 on 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. In Person – must show photo ID

<input type="checkbox"/> Self	<input type="checkbox"/> child	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Parent	<input type="checkbox"/> Sister	<input type="checkbox"/> Current Spouse	_____
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Brother	<input type="checkbox"/> Legal Guardian (with Judgement of custody)	

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: Cooper County Public Health Center, 10740 Klinton Dr., Boonville, MO 65233.
- Mailed applications must be signed and notarized, and include a check or money order payable to: Cooper County Public Health Center (CCPHC).
- 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 hand and official seal.	Notary Embosser Seal or Black Rubber Stamp Below
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Notary Public