

**Laclede County Health Department
405 Harwood Avenue
Lebanon, MO 65536
(417) 532-2134**

Application for Copy of Birth or Death Certification
Please print all items except for signature.

Birth: _____ (Quantity)		
Name on Certificate: First Middle Maiden		
Place of Birth: City County State		
Date of Birth: Month Day Year		
Hospital:	Race:	Sex:
Father's Name: First Middle Last		
Mother's Name: First Middle Maiden		

Death: _____ (Quantity)		
Name on Certificate: First Middle Last		
Place of Death: City County State		
Date of Death: Month Day Year		
Date of Birth: Month Day Year		
Race:	Sex:	
Father's Name: First Middle Last		
Mother's Name: First Middle Maiden		

Father's age at time of child's birth: _____
 Father's state of birth: _____
 Mother's age at time of child's birth: _____
 Mother's state of birth: _____

Birth Certificate - \$15.00/per copy.
 Death Certificate - \$13.00/1st copy, \$10.00/each additional copy at same time of ordering.

*Certified copies are computer generated and valid for all legal purposes.
 Certified Photostat copies are available by request at:
 Missouri Department of Health & Senior Services, Bureau of Vital Records
 930 Wildwood Drive, P.O. Box 570, Jefferson City, MO 65102
 (Statewide recording of birth and death records began January 01, 1910.)*

Warning: False application for a certified copy of a vital record is a felony, punishable by fine, prison sentence or both (RSMo 193.315)

Your Signature	Day Time Phone
Address: Street or P.O. Box City State Zip	
Purpose for which certified copy is to be used:	
Your relationship to person named on certificate: (Self, Mother, Spouse) If Legal Guardian, must provide guardianship papers.	