APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATION

INSTRUCTIONS		COPIES REQUESTED				
Recording of births began in this office January 1, 1910. The law requires a fee of \$10 for a search of the files. This fee entitles you to a certified copy, if available. Additional copies are \$10 each. Fee must accompany application. NO CASH BY MAIL PLEASE. Make check or money order payable to Missouri Department of Health.		Birth Certification Certification of facts of birth contained in original record. Birth Card A nonlaminated wallet-size card that includes only		DATE FILED BIATH CERTIFICATION STATE FILE NUMBER JUNE 22, 1955 124-41-42355 CHILD NAME JOHN Henry DOW BIATH DATE SEX		
				COUNTY OF BIRTH Butler DATE ISSUED	COUNTY OF BIRTH Butler DATE ISSUED	
Mail this applica		information shown in sam	iple.	March 9, 1999		
Missouri Department of Health Bureau of Vital Records		Amount of		" tel el reconction de l'est doct en la recent le recent	AN AUTHOR OF THE OTHER STATE OF THE STATE OF	
P.O. Box 570 Jefferson City, Missouri 65102-0570		Money Enclosed \$			ALL FORMS OF CERTIFICATE \$10.00 EACH	
00.	norson only, wissour os roz-os/o			\$10.00 LA	UII	
INFORMATION A	BOUT PERSON WHOSE BIRTH CERTIFICAT	E IS REQUESTED (TYPE	OR PRINT ALL IT	EMS EXCEPT SIGNATURE)		
1. FULL NAME	FIRST NAME	MIDDLE NAME		LAST NAME (MAIDEN I	LAST NAME (MAIDEN NAME)	
OF PERSON*	IF THIS BIRTH COULD BE RECORDED UNDER ANOTH	HER NAME, PLEASE INDICATE TH	IE NAME			
2. DATE OF BIRTH	MONTH	DAY	YEAR	3. SEX	4. RACE	
5. PLACE	CITY OR TOWN	COUNTY		STATE		
OF BIRTH	HOSPITAL OR STREET NO.	ATTENDING PHYSICIAN	ATTENDING PHYSICIAN		☐ MIDWIFE	
6. FULL NAME OF FATHER	FIRST NAME	MIDDLE NAME		OTHER LAST NAME		
7. FULL MAIDEN NAME OF MOTHER	FIRST NAME	MIDDLE NAME		LAST NAME (MAIDEN)		
*IF NEWBORN, PI	LEASE WAIT 6 TO 8 WEEKS BEFORE REQUE	ESTING.				
CONTRACTOR OF THE PARTY OF THE	TING CERTIFIED COPY (IF LEGAL GUARDIA			Son Part Hopping Hay Propriet to Contract the		
B. PURPOSE FOR WHIT	CH CERTIFIED COPY IS TO BE USED	9. RELATIONSHIP (MUS' REPRESENTATIVE)	T BE REGISTRANT	T, MEMBER OF IMMEDIATE FAMILY.	LEGAL GUARDIAN, OR LEGAL	
10. SIGNATURE OF AP	PPLICANT			DATE SIGNED		
12. ADDRESS OF	STREET ADDRESS					
APPLICANT (TYPE OR PRINT)	CITY OR TOWN		STATE		ZIP CODE	
				-		
THIS C	OUPON MUST BE COMP	LETED AND WI	LL BE US	ED TO ADDRESS	OUR REPLY	
NAME OF PERSON CER	RTIFICATION IS REQUESTED FOR					
PLEASE PE	RINT OR TYPE THE NAME AN	D ADDRESS OF T	HE PERSO	N TO WHOM THE RE	CORD IS TO BE	
NAME	700					
ADDF	RESS (NUMBER AND STREET)			YOUR FEE RI ON THE REVE		
CITY	STATE		ZIP CODE			