



Ste. Genevieve County Health Department
 115 Basler Dr. • PO Box 49 • Ste. Genevieve, MO 63670
 573.883.7411

Prevent. Promote. Protect.

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

The law requires a fee of \$15.00 per certificate copy issued.

This can be paid by cash, check or credit/debit cards

CREDIT/DEBIT CARDS: There will be a \$2.00 processing fee (4% if over \$50 purchase)

We Accept Discover, Mastercard, Visa & American Express

INFORMATION ON INDIVIDUAL WHO'S BIRTH CERTIFICATE IS BEING REQUESTED (PRINT ALL ITEMS EXCEPT SIGNATURE)

FIRST NAME	MIDDLE NAME	LAST NAME (IF FEMALE, MAIDEN NAME)	
DATE OF BIRTH:	GENDER (Circle One) M or F	STATE OF BIRTH	
MOTHER'S FIRST NAME	M.I.	MOTHER'S <u>MAIDEN</u> NAME	
FATHER'S FIRST NAME	M.I.	FATHER'S LAST NAME	
REASON FOR NEEDING CERTIFICATE (circle one) Driver's License 1st Copy Lost Other:		RELATIONSHIP TO PERSON NAMED ON RECORD (circle one) Self Parent Legal Guardian Grandparent Sibling Other:	
SIGNATURE OF APPLICANT		PRINTED NAME OF APPLICANT	DATE
STREET ADDRESS		DAYTIME TELEPHONE #	
CITY	STATE	ZIP CODE	# OF COPIES NEEDED

*****WARNING: False application for a certified copy of a vital record is a crime*****

- I, _____, SUBJECT TO THE PENALTY OF PURGERY, 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 CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
- **APPLICANT'S SIGNATURE** _____ **DATED** _____

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

*****MAIL-IN REQUESTS MUST BE NOTARIZED**

**Acceptable Documentation for Identification Primary Documents
(One document is required – check which documentation was provided)**

- A state issued driver’s license that includes a photograph, date of birth
 - DL#: _____
 - Date of Birth: _____
- A state issued identification card that includes a photograph, date of birth
- A current U.S. military identification card that includes a photograph Page
- A U.S. passport with current photograph
- A current school identification card/document showing applicant’s name, photograph, and date of school year
- Work identification card that includes the applicant’s name, photograph, and company name

**Alternate forms of Identification Documents (At least two alternate forms of identification documents must be used if applicant does not have a picture identification card when applying in person) Alternate documents must display name of applicant, may display date of birth, date of issuance (or year), must display institution, company or organization/agency name.
(check which forms of documentation were provided)**

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Letter from government or social agencies <input type="checkbox"/> School yearbook <input type="checkbox"/> A W-2 form issued within last year in addition to a signed Social Security card (social security numbers must match) <input type="checkbox"/> Social Security card or Social Security numident printout (print out of an applicant’s Social Security account of activities) <input type="checkbox"/> Court certified adoption papers that includes adopted parent(s) name <input type="checkbox"/> Official certified deeds or title to property <input type="checkbox"/> Certificate of vehicle title or registration documents | <ul style="list-style-type: none"> <input type="checkbox"/> Proof of auto insurance <input type="checkbox"/> Insurance policy (health, home, life, etc.) <input type="checkbox"/> Medicaid/Medicare document or identification card <input type="checkbox"/> A payroll stub that includes a Social Security number of applicant (cannot be handwritten stubs) <input type="checkbox"/> Military discharge document (DD-214) <input type="checkbox"/> Cancelled duplicate check (must show name, address, signature, and name of institution) <input type="checkbox"/> Utility bills which shows name and address of applicant (water, gas, electric, telephone) <input type="checkbox"/> Shelter name band (including name of shelter) |
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FOR STAFF USE ONLY

CERTIFICATE #:	INITIALS:	DATE:
PAYMENT TYPE <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD		