



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 DEATH CERTIFICATE

The law requires a fee of \$14.00 per certificate copy issued. Additional copies are \$11.00 each.

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 DEATH CERTIFICATE IS BEING REQUESTED (PRINT ALL ITEMS EXCEPT SIGNATURE)

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF DEATH	NAME OF SURVIVING SPOUSE	

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

REASON FOR REQUESTING CERTIFICATED COPY:	RELATIONSHIP TO PERSON NAMED ON RECORD (circle one) Spouse Parent 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

FOR STAFF USE ONLY

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

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