

APPLICATION FOR A VITAL RECORD

Randolph County Health Department



**1319 East Highway 24
Moberly, MO 65270
(660) 263-6643**

MAIL-IN REQUESTIONS MUST BE NOTARIZED BY AN ACCEPTABLE NOTARY PUBLIC.

Beginning March 1, 2011, applications must show identification when requesting certified copies of vital records at the local health dept.

IF MAILING - FEE MUST ACCOMPANY APPLICATION.

Money order payable to: Randolph County Health Department OR Credit Card information filled in below.

Type of Credit Card: _____ Name on Credit Card: _____

Credit Card Number: _____ 3 digit Security Code (on back of card): _____

Expiration Date: _____ Cardholder Billing Zip Code: _____

If receiving vital records in person RCHD accepts CASH, CHECK (must have date of birth, social security/driver license number on check), MONEY ORDER OR VISA/MASTERCARD.

State recording of birth and death records began January 1, 1910.

BIRTH NUMBER OF COPIES _____ (FIRST COPY ISSUED \$15; EACH ADDITIONAL COPY \$15)

FULL NAME ON CERTIFICATE _____

ALSO KNOWN AS (INDICATE IF BIRTH COULD BE RECORDED UNDER ANOTHER NAME) _____

DATE OF BIRTH _____ PLACE OF BIRTH (CITY, COUNTY, STATE) _____

HOSPITAL _____ SEX FEMALE MALE RACE _____

FULL NAME OF FATHER _____

FULL MAIDEN NAME OF MOTHER _____

DEATH NUMBER OF COPIES _____ (FIRST COPY ISSUED \$13; EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME \$10)

FULL NAME ON CERTIFICATE _____

DATE OF DEATH _____ SEX FEMALE MALE RACE _____

PLACE OF DEATH (CITY, COUNTY, STATE) _____

FULL NAME OF SPOUSE _____

FULL NAME OF FATHER _____

FULL MAIDEN NAME OF MOTHER _____

If mailing application: PLEASE ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE WITH YOUR REQUEST
(PRINT THE FOLLOWING INFO)

APPLICANT'S NAME _____ PHONE NUMBER _____

APPLICANT'S STREET ADDRESS _____

APPLICANT'S CITY/TOWN _____ STATE _____ ZIP _____

PURPOSE FOR CERTIFICATE REQUEST _____

YOUR RELATIONSHIP TO PERSON NAMED ON RECORD (IF LEGAL GUARDIAN, MUST PROVIDE GUARDIANSHIP PAPERS). IF LEGAL REPRESENTATIVE, INDICATE LEGAL RELATIONSHIP. _____

➤ **MAIL-IN REQUESTS MUST BE NOTARIZED. ALL APPLICATIONS MUST BE SIGNED.**

I _____ 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 IS TRUE UNDER THE PAINS AND PENALTIES OF PERJURY.

APPLICANT'S SIGNATURE _____ DATE _____

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

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