



BIRTH CERTIFICATES



Public Health
Prevent. Promote. Protect.

MAIN OFFICE
KCMO Health Department
Vital Records
2400 Troost Avenue, Suite 1000
Kansas City, MO 64108
816-513-6309

MISSOURI STATE CERTIFIED BIRTH CERTIFICATES

A state certified copy is available for any births occurring in the State of Missouri from 1929. This computer-generated certificate is acceptable for all purposes and will be available for newborns within approximately 30 days from birth.

STATE CERTIFIED COPY \$15 EACH (Missouri births after 1929) How many? _____

***** Applicants must show valid identification when requesting certified copies of vital record. Missouri law requires a non-refundable search fee for each five-year search.**

*DRIVERS LICENSE (or other picture ID)# _____

THIS AREA IS FOR OFFICE USE ONLY:
DATE: _____ FEE: \$ _____ SERVED BY: _____

*If MOTHER was NOT MARRIED AT THE TIME OF BIRTH TO the natural FATHER; AND, the FATHER DID NOT SIGN AN AFFIDAVIT TO ADD HIS NAME TO THE CHILD'S BIRTH CERTIFICATE =(MEANS?) = the FATHERS NAME does NOT APPEAR ON THIS RECORD, AND; THE RECORD IS ONLY AVAILABLE TO THE MOTHER! (ONLY EXCEPTION=CERTIFIED LEGAL GUARDIANSHIP PAPERS PRESENTED WITH THIS APPLICATION)

INFORMATION ON PERSON WHOSE CERTIFICATE IS BEING REQUESTED				
1. FULL NAME: FIRST		MIDDLE	LAST (MAIDEN)	
2. BIRTHDATE: MONTH DAY YEAR	3. HOSPITAL/COUNTY		4. SEX	5. CITY
6. FATHER'S NAME: FIRST		MIDDLE INITIAL	LAST	
7. MOTHERS NAME: FIRST		MIDDLE INITIAL	<u>MAIDEN</u>	

Applicant Name: _____ Purpose for obtaining Birth Certificate: _____

Your relationship to Birth Certificate person: For Self: _____ Other?: _____

Current Address: _____
(Street) (City) (State) (Zip) (Daytime phone #)

I _____, SUBJECT TO THE PENALTY OF PERJURY, DO SOLUMNLY DECLARE 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.

******FOR MAIL ORDERS, PLEASE ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE.******