NEWTON COUNTY HEALTH DEPARTMENT
Post Office Box 447 • 812 West Harmony
Neosho, Missouri 64850
(417) 451-3743 • Fax (417) 451-1852
www.newtoncountyhealth.org

APPLICATION FOR A VITAL RECORD

Applicants must show identification when requesting certified copies of a vital record at the state health department. Mail-in requests must be notarized by an acceptable notary public. Money order ONLY for mail-in requests payable to: Newton County Health Department.

Any birth prior to 1920 or death prior to 1980 must be ordered from Missouri Department of Health and Senior Services, Bureau of Vital Records, P.O. Box 570, Jefferson City, MO 65102-0570. Check or money order payable to: Missouri Department of Health and Senior Services. State recording of birth and death records began January 1, 1910. Missouri law requires a non-refundable search fee for each five-year search of the files. If eligibility requirements are met and a record is found, applicant is entitled to certified copies. A statement will be issued if no record is found. FEE MUST ACCOMPANY APPLICATION. FEES ARE VALID FOR ONE YEAR.

<table>
<thead>
<tr>
<th>BIRTH</th>
<th>FETAL DEATH REPORT</th>
<th>STILLBIRTH</th>
<th>NUMBER OF COPIES</th>
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<td></td>
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<td>(FIRST COPY ISSUED $15, EACH ADDITIONAL COPY $15)</td>
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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 BIRTH

SEX  FEMALE ☐  MALE ☐  RACE

DATE OF DEATH             PLACE OF DEATH (CITY, COUNTY, STATE)

FULL NAME OF SPOUSE

FULL NAME OF FATHER

FULL MAIDEN NAME OF MOTHER

PLEASE ENCLOUSE A SELF ADDRESSED STAMPED ENVELOPE WITH YOUR REQUEST (PRINT THE FOLLOWING INFORMATION)

APPLICANT’S NAME

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 ☐ , SUBJECT TO THE PENALTY OF PERJURY, 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

DATE

NOTARY PUBLIC EMBOSSE SEAL

STATE

SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME, THIS ___ DAY OF ___, 20__

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

USE RUBBER STAMP IN CLEAR AREA BELOW

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

MO 580-0641 (5-12)

VS-151BD