

# Howell County Health Department

## Application for Certified Copy of Death Certification \*Effective 8-28-2020 Fee Increase\*

The law requires a fee of **\$14.00** for the first copy and **\$11.00** for each additional copy issued in the same visit. The fee must accompany the application. **Make check or money order payable to:** Howell County Health Department

**Bring this application in person along with cash, check, money order or debit card to:**

Vital Records  
Howell County Health Department  
180 Kentucky  
West Plains, MO 65775

Number of copies requested: \_\_\_\_\_

Full Name at Death: \_\_\_\_\_  
First Middle Last

How are you related to the person above? Spouse Son/Daughter Parent Sibling Other: \_\_\_\_\_

Could this be recorded under any other name (adopted)? \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Death (month/day/year): \_\_\_\_\_ Date of Birth (month/day/year): \_\_\_\_\_

Place of Death: \_\_\_\_\_  
City County State

Full name of Mother: \_\_\_\_\_  
First Middle Maiden Name

Full name of Father: \_\_\_\_\_  
First Middle Last

Reason you need this copy? \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_  
Address City State Zip Code

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

**WARNING: False application for a certified copy of a vital record is a felony punishable by a fine up to \$5,000 or five (5) years in prison or both (RSMo 193.315).**

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**FOR OFFICE USE ONLY**

Date: \_\_\_\_\_ Paid \$ \_\_\_\_\_ : \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Debit \_\_\_\_\_ Money Order

Certificate/Receipt # \_\_\_\_\_

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