



**Howell County Health Department**  
**180 Kentucky Avenue**  
**West Plains, Missouri 65775**  
**(417) -256-7078**  
**www.howellcountyhealth.com**

Beginning March 1, 2011, applicants must show identification when requesting certified copies of a vital record at the state health department or a local public health agency. **Mail-in requests must be notarized by an acceptable notary public and include a self-addressed stamped envelope to return the document in.**

Missouri law requires a fee for each certified copy that is issued. See fee amounts below. Please make check or money order payable to: **Howell County Health Department.**

**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) \_\_\_\_\_ SEX    FEMALE ☐    MALE ☐

FULL NAME OF FATHER/CO-PARENT \_\_\_\_\_

FULL MAIDEN NAME OF MOTHER/CO-PARENT \_\_\_\_\_

**DEATH**    NUMBER OF COPIES \_\_\_\_\_ (FIRST COPY ISSUED \$14; EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME \$11)

FULL NAME ON CERTIFICATE \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_    DATE OF BIRTH \_\_\_\_\_

SEX    FEMALE ☐    MALE ☐    PLACE OF DEATH (CITY, COUNTY, STATE) \_\_\_\_\_

FULL NAME OF FATHER \_\_\_\_\_

FULL MAIDEN NAME OF MOTHER \_\_\_\_\_

**(PLEASE PRINT THE FOLLOWING INFORMATION)**

APPLICANT'S NAME \_\_\_\_\_    PHONE NUMBER \_\_\_\_\_

APPLICANT'S ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_    STATE \_\_\_\_\_    ZIP \_\_\_\_\_    COUNTY \_\_\_\_\_

PURPOSE FOR CERT. REQUEST \_\_\_\_\_

YOUR RELATIONSHIP TO PERSON NAMED ON RECORD \_\_\_\_\_

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.

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

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**FOR OFFICE USE ONLY**

DATE \_\_\_\_\_    PAID \_\_\_\_\_

CERTIFICATE NUMBER \_\_\_\_\_    CASH    CHECK / M/O    DEBIT