

Application for Certified Copy of Birth Certificate
Certified copies are computer generated and are valid for all legal purposes.

Applicants must show identification when requesting certified copies of a vital record.

The law requires a fee of \$15.00 for each copy issued. Make check or money order payable to: **Livingston County Health Center**. Payments accepted: Personal Check, Money Order, or cash.

Livingston County Health Center
800 Adam Drive
Chillicothe, MO 64601

Number of copies requested _____ (First copy issued \$15; each additional copy \$15)

Full Name on Certificate (First, Middle, Last) _____

Could this record be recorded under any other name? _____ Yes _____ No

If yes, under what name? _____

Sex: M F Date of Birth _____ / _____ / _____

Place of Birth: City _____ County _____ (Missouri Births Only)

Full Name of Father _____

Full **Maiden** Name of Mother _____

Applicant's Printed Name _____

Relationship to person named on record _____

Applicant's Street Address: _____

Applicant's City _____ State _____ Zip _____

Applicant's Signature _____ Date _____

For Office Use Only

Date: _____ Mail ___ Walk-in ___ Cash ___ Check ___ M.O. ___

Certificate # _____ by _____ ID presented _____