

Application for Certified Copy of Death 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 \$13.00 for the first copy and \$10.00 for each additional ordered at the same time. The fee must accompany the application. Make check or money order payable to: **Livingston County Health Center**. Payments accepted: Cash, Personal Check, and Money Order.

Livingston County Health Center
800 Adam Drive
Chillicothe, MO 64601

Number of copies requested: ____ (First copy \$13; additional copies of same record ordered at the same time \$10.)

Full Name on Certificate: _____

Sex: M F Date of Death (Month/Day/Year) _____/_____/_____

Place of Death: City _____ County _____ State (Missouri Deaths Only)

Date of Birth (Month/Day/Year) _____/_____/_____

Surviving spouses name (if applicable) _____

Full name of Father _____

Applicant's Printed Name _____

Relationship to person named on record _____

Address 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 _____