

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

Mail-in requests must be notarized by an acceptable notary public.

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, or Money Order.

Mail this application and fee required to:
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: _____ Daytime Phone Number _____

Applicant's City _____ State _____ Zip _____

Applicant's Signature _____ Date _____

I _____ 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 IS TRUE UNDER THE PAINS AND PENALTIES OF PERJURY.

APPLICANT'S SIGNATURE _____ **DATE** _____

NOTARY PUBLIC EMBOSSER SEAL	STATE _____	COUNTY _____
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME ,	USE RUBBER STAMP IN CLEAR AREA BELOW
	THIS _____ DAY OF _____, 20 _____	
	NOTARY PUBLIC SIGNATURE _____	MY COMMISSION EXPIRES _____
NOTARY PUBLIC NAME (TYPED OR PRINTED) _____		