

**Application for Certified Copy of Death 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 \$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: 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 \$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 \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_  
 Relationship to person named on record \_\_\_\_\_  
 Address Street Address \_\_\_\_\_  
 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 EMBOSSEER<br>SEAL             | STATE _____                                   | COUNTY _____                |
|   | SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME , |                             |
|   | THIS _____ DAY OF _____ , 20 ____             |                             |
|   | NOTARY PUBLIC SIGNATURE _____                 | MY COMMISSION EXPIRES _____ |
| NOTARY PUBLIC NAME (TYPED OR PRINTED) _____ |   |                             |