ADAI COUNTY HEALTH DEPARTMENT
APPLICATION FOR A VITAL RECORD

Beginning March 1, 2011, applicants must show identification when requesting certified copies of a vital record at the state health department. Mail-in requests must be notarized by an acceptable notary public.

Please Make Check or Money Order Payable To: 
Adair Co. Health Department
Mail This Application To: Adair County Health Department
1001 South Jamison
Kirksville, Mo. 63501 Phone 660-665-8491

RE: Errors – I accept this record as is knowing there are errors and understand that if I later have it corrected and return for an up-dated copy, I will be charged again – Signature

BIRTH
FULL NAME ON CERTIFICATE __________________________________________
ALSO KNOWN AS (INDICATE IF BIRTH COULD BERecordED UNDER ANOTHER NAME) __________________________________________
DATE OF BIRTH ___________ PLACE OF BIRTH (CITY, COUNTY, STATE) __________________________
HOSPITAL ____________________ SEX FEMALE ☐ MALE ☐ RACE __________
FULL NAME OF FATHER __________________
FULL MAIDEN NAME OF MOTHER __________________

DEATH
FULL NAME ON CERTIFICATE __________________________________________
DATE OF DEATH ___________ SEX FEMALE ☐ MALE ☐ RACE __________
PLACE OF DEATH (CITY, COUNTY, STATE) __________________________
FULL NAME OF SPOUSE __________________
FULL NAME OF FATHER __________________
FULL MAIDEN NAME OF MOTHER __________________

PLEASE ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE WITH YOUR REQUEST (PRINT THE FOLLOWING INFORMATION)
APPLICANT’S NAME __________________________________ PHONE NUMBER __________
APPLICANT’S STREET ADDRESS __________________________
APPLICANT’S CITY/TOWN __________________ STATE _________ ZIP _________
PURPOSE FOR CERTIFICATE REQUEST __________________________________________
YOUR RELATIONSHIP TO PERSON NAMED ON RECORD (IF LEGAL GUARDIAN, MUST PROVIDE GUARDIANSHIP PAPERS). IF LEGAL REPRESENTATIVE, INDICATE LEGAL RELATIONSHIP. __________________________________________

➤ MAIL-IN REQUESTS MUST BE NOTARIZED. ALL APPLICATIONS MUST BE SIGNED.
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 EMBOSER SEAL STATE __________________
SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME, __________________
THIS ___________ DAY OF ___________ , 20 __________
NOTARY PUBLIC SIGNATURE __________________
MY COMMISSION EXPIRES __________________
NOTARY PUBLIC NAME (TYPED OR PRINTED) __________________

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