



ADAIR COUNTY HEALTH DEPARTMENT

APPLICATION FOR VITAL RECORD

(660)665-8491

Mail or Bring this Application To: Adair County Health Department

1001 S. Jamison

Kirkville, MO 63501

Please Make Check or Money Order Payable To: Adair County Health Department

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 updated copy, I will be charged again Signature

BIRTH NUMBER OF COPIES (\$15 EACH COPY)

FULL NAME OF CERTIFICATE

ALSO KNOWN AS (INDICATE IF BIRTH COULD BE RECORDED 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 NUMBER OF COPIES (FIRST COPY \$14; EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME \$11)

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

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

I DO SOLEMNLY DECLARE AND AFFIRM THAT I AM ELGIBLE 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:

MAIL-IN REQUESTS MUST BE NOTARIZED

IF MAILING IN PLEASE ENCLOSE SELF-ADDRESSED STAMPED ENVELOPE

Notary Public form with fields for signature, address, state, county, and notary seal.