



Gasconade County Health Department Application for Vital Records

In-person Applicants must show either one photo ID or two alternate forms.

Applicant's Information		
Your Name:		Phone#: ()
Current Address:		
City:	State:	Zip:
Requesting certificate of: <input type="checkbox"/> Myself <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other: _____ (Legal guardian/ legal representatives must show supporting documents)		
I, subject to the penalty of perjury, do solemnly declare and affirm that I am eligible to receive a certified copy of the vital record(s) requested below and that the information contained in this application is true and correct to the best of my knowledge.		
Your Signature: _____		Date: _____

Birth Certificate (for births in Missouri from 1920-present)			
Number of Certificates: _____ Cost: \$15.00 for each copy			
Full Name on Certificate:			
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Hospital:
Place of Birth(City):	(County):	(State):	
Mother's Name:(First)	(MI)	(Maiden)	
Father's Name:(First)	(MI)	(Last)	

Death Certificate (for deaths in Missouri from 1980-present)			
Number of Certificates: _____ Cost: \$14.00 for first copy and \$11.00 for each additional copy			
Full Name on Certificate:			
Date of Death:	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:
Place of Death(City):	(County):	(State):	
Spouse's Name:(First)	(MI)	(Last)	
Father's Name:(First)	(MI)	(Last)	
Mother's Name:(First)	(MI)	(Maiden)	

Mail-in Applications must be notarized by a notary public and include a self-addressed envelope with check or money order payable to: **Gasconade County Health Department**. Mail to: **300 Schiller St., Hermann, MO 65041**

Notary Public Embosser Seal	State:	County:	Use Rubber Stamp Below
	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.

Office Use:

Certificate#: _____ Payment: \$ _____ By: Cash Credit Card Check # _____

FOR OFFICE USE ONLY

I.D. Presented: _____

License/ID #: _____ DOB: _____ Expiration Date: _____ Sex: _____

Address: _____ Same as on Front

Staff Initials: _____