

JOPLIN CITY HEALTH DEPARTMENT
APPLICATION FOR COPY OF BIRTH OR DEATH CERTIFICATION
BRING APPLICATION IN PERSON TO:
321 E. 4TH STREET
JOPLIN, MISSOURI 64801
417-623-6122

Missouri law requires a fee of **\$15.00** for each Birth Certificate issued. Death Certificates require of fee of **\$13.00** for the first copy and **\$10.00** for each additional copy of the same certificate requested at the same time. These fees entitle you to a certified copy, if available. Fee Must Accompany Application. Cash, Visa, MasterCard or check payable to: **Joplin City Health Department. An ID is required to obtain a certificate.**

BIRTH NUMBER OF COPIES _____ (\$15.00 EACH)

FULL NAME ON CERTIFICATE _____

ALSO KNOWN AS (INDICATE IF BIRTH COULD BE 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 \$13.00; ADDITIONAL COPIES OF SAME RECORD AT SAME TIME ARE \$10.00 EA)

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 _____

APPLICANTS NAME _____ PHONE NUMBER _____

APPLICANTS STREET ADDRESS _____

APPLICANTS 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. _____

APPLICANTS SIGNATURE _____ DATE _____

Please check your certificate for accuracy. If inaccuracies are found, your copy can only be reimbursed during the same visit of issuance if necessary. If you request changes to your certificate through the state of Missouri at a later date, any future replacement copies will be at full cost.

WARNING: FALSE APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD IS A CRIME