

## APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

<b>INSTRUCTIONS</b> The Law requires a fee of \$13.00 for each certified copy issued. Additional copies are \$10.00 each. <b>FEE MUST ACCOMPANY APPLICATION</b>  Make Check or Money Order Payable to: <p style="text-align: center;"><b>City of St. Joseph</b></p> Mail this Application To: City of St. Joseph Health Department Patee Market Health Center 904 S. 10th Street, Suite E St. Joseph, MO 64503	<b>COPIES REQUESTED</b>  HOW MANY <input style="width: 50px;" type="text"/>  AMT ENCLOSED \$ <input style="width: 50px;" type="text"/>  <div style="text-align: center; border: 1px solid black; padding: 2px;"><b>For Office Use Only</b></div> Type of ID Presented <input style="width: 100%;" type="text"/>  Type of Payment <input style="width: 100%;" type="text"/>
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**INFORMATION ABOUT PERSON WHOSE DEATH CERTIFICATE IS REQUESTED**  
 (TYPE or PRINT all items EXCEPT SIGNATURE)

<b>1. FULL NAME OF DECEASED</b>					
FIRST NAME		MIDDLE NAME		LAST NAME (AT TIME OF DEATH)	
<b>2. DATE OF DEATH</b>			<b>3. SEX, RACE, AGE</b>		
MONTH	DAY	YEAR	SEX	RACE	AGE
<b>4. PLACE OF DEATH</b>					
CITY OR TOWN			COUNTY	STATE	
<b>5. FULL NAME OF SPOUSE</b>					
FIRST NAME		MIDDLE NAME		LAST NAME	
<b>6. FULL NAME OF FATHER</b>					
FIRST NAME		MIDDLE NAME		LAST NAME	
<b>7. FULL MAIDEN NAME OF MOTHER</b>					
FIRST NAME		MIDDLE NAME		LAST NAME (MAIDEN NAME)	
<b>PERSON REQUESTING CERTIFIED COPY</b>					
8. PURPOSE FOR WHICH CERTIFIED COPY IS TO BE USED			9. RELATIONSHIP*		
10. SIGNATURE OF APPLICANT				11. DATE SIGNED	
<b>12. NAME AND ADDRESS OF APPLICANT (TYPE OR PRINT)</b>					
NAME			TELEPHONE NUMBER		
STREET ADDRESS					
CITY OR TOWN		STATE		ZIP CODE	

**\*MUST BE REGISTRANT, MEMBER OF IMMEDIATE FAMILY, LEGAL GUARDIAN, OR LEGAL REPRESENTATIVE**

**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 \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_

Subscribed, Declared and Affirmed Before Me,  
 This \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_

Notary Public Signature \_\_\_\_\_ My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
 Notary Public Name (Typed or Printed)