



Stoddard County Public Health Center

Application for Certified Copy of Birth Certification

Effective August 2004

Instructions			Copies requested		
Recording of births began in the Missouri Department of Health January 1, 1920. The law requires a fee of \$15 for a search of the files. This fee entitles you to a certified copy, if available. Additional copies are \$15 each. Fee must accompany application.			Birth Certification (Certification of facts of birth contained in original record)		How many () \$15.00 each
Make money order payable to Stoddard County Public Health Center No cash by mail please.			Amount of money enclosed \$		
Mail or bring this application to: Stoddard County Public Health Center P.O. Box 277 Bloomfield, MO 63825			Records are filed by year of the event and alphabetically by the name of the person at the time of the event. Therefore, at least the month and year of birth and the first and last name of the registrant must be given before a search can be made.		
Information about person whose birth certificate is requested. (Type or print all items except signature)					
1. Full name of person					
First name		Middle name		Last name (Maiden name)	
2. Date of birth			3. Sex		4. Race
Month	Day	Year	Sex	Race	
5. Place of birth					
City or town			County		State
Hospital or street no.			Attending Physician		Physician, midwife, or other
6. Full name of father					
First name		Middle name		Last name	
7. Full maiden name of mother					
First name		Middle name		Last name (maiden)	
*If newborn, please wait 6 to 8 weeks after birth before requesting					
8. Purpose for which certified copy is to be used				9. Relationship to registrant or interest of person requesting certification	
10. Signature of applicant					
				Date signed	
11. Printed applicant name					
Name of applicant					
Street address					
City or town			State		Zip Code