



Stoddard County Public Health Center

Application for Certified Copy of Death Certification

Effective August 2005

Instructions		Copies requested	
The law requires a fee of \$13 for each copy issued. Additional copies are \$10 each. FEE MUST ACCOMPANY APPLICATION. No cash by mail please.		Death Certification (Certification of facts of death contained in original record)	How many () \$13.00 each \$10.00 additional
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 death and alphabetically by the name of the deceased at the time of death. Therefore, at least the approximate year of death or last year in which the deceased was known to be alive must be given.	
Information about person whose death certificate is requested. (Type or print all items except signature)			
1. Full name of deceased			
First name		Middle name	Last name (at time of death)
2. Date of death		3. Sex, Race, Age	
Month	Day	Year	Sex
			Race
			Age
4. Place of death			
City or town		County	State
5. Full name of spouse			
First name		Middle name	Last name
6. Full name of father			
First name		Middle name	Last name
7. Full maiden name of mother			
First name		Middle name	Last name
Person requesting certified copy of death record			
8. Purpose for which certified copy is to be used (please check)		9. Relationship to registrant or interest of person requesting certification	
<input type="checkbox"/>	Insurance claim on policy issued within 2 years of death (a certified copy of the original will be required)		
<input type="checkbox"/>	Other insurance claims		
<input type="checkbox"/>	Other (specify)		
10. Signature of applicant			
		Date signed	
11. Name and address of applicant			
Name and address of funeral home or applicant			
Name of individual to receive copies		Street address	
City or town	State	Zip Code	
Please print or type the name and address of the person to whom the record is to be returned. Complete only if certifications are to be mailed	Name		
	Address (number and street)		
	City, State, zip code		