

MISSOURI DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATION

<p>INSTRUCTIONS</p> <p>The law requires a fee of \$14.00 for each first copy issued per each request. Additional copies are \$11.00 each. Mail-in requests must be notarized by an acceptable notary public. FEE MUST ACCOMPANY APPLICATION. No cash by mail please. MAKE CHECK OR MONEY ORDER PAYABLE TO:</p> <p>RIPLEY COUNTY HEALTH CENTER</p> <p>MAIL THIS APPLICATION TO: (OR BRING COMPLETED FORM TO): RIPLEY COUNTY HEALTH CENTER 1003 EAST LOCUST STREET DONIPHAN, MISSOURI 63935</p> <p style="text-align: right;">OFFICE HOURS: 7:00 a.m. - 5:30 p.m. Monday thru Thursday 573-996-2181</p>		<p>COPIES REQUESTED</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Death Certification (Certification of facts of death contained in original record)</td> <td style="width:20%; text-align: center;">How Many</td> </tr> <tr> <td style="height: 40px;"></td> <td style="text-align: center; border: 1px solid black; width: 40px;"></td> </tr> </table> <p>Certified copies ordered at same time for same person \$14.00 first copy and \$11.00 for each additional copy.</p> <p>AMOUNT OF MONEY ENCLOSED \$</p> <p>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 DEASEASED WAS KNOWN TO BE ALIVE MUST BE GIVEN.</p>	Death Certification (Certification of facts of death contained in original record)	How Many		
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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 (Maiden 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 (SPECIFY) _____ <input type="checkbox"/> OTHER INSURANCE CLAIMS						
10. SIGNATURE OF APPLICANT		DATE SIGNED				
11. NAME AND ADDRESS OF APPLICANT (TYPE OR PRINT)						
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				
<p>► MAIL-IN REQUESTS MUST BE NOTARIZED. ALL APPLICATIONS MUST BE SIGNED.</p> <p>I _____, SUBJECT TO THE PENALTY OF PERJURY, DO SOLEMNLY DECLARE AND AFFIRM THAT AM ELIGIBLE TO RECEIVE A CERTIFIED COPY OF THE VITAL RECORD(S) REQUESTED ABOVE AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.</p>						
► APPLICANT'S SIGNATURE		DATE				
NOTARY PUBLIC EMBOSSER SEAL	STATE	COUNTY	USE RUBBER STAMP IN CLEAR AREA BELOW			
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME.					
	THIS _____ DAY OF _____, 2020					
	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.