

The Saint Louis County Office of Vital Records can issue certified copies of birth and death certificates for the entire state of Missouri. The years available for birth certificates are 1920 to the present. The years available for death certificates are 1980 to the present. Genealogy records for birth or death records are available for events that occurred, **only in St. Louis County from 1883 to 1910.**

Make Checks payable to: **Saint Louis County Vital Records**

FEE MUST ACCOMPANY APPLICATION (If mailing application it must be notarized)

TYPE OR PRINT ALL ITEMS EXCEPT SIGNATURES

BIRTH _____ (Quantity) THERE IS A \$15.00 FEE FOR EACH COPY OF A BIRTH CERTIFICATE	DEATH _____ (Quantity) THERE IS A \$13.00 FEE FOR A DEATH CERTIFICATE AND A \$10.00 FEE FOR EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME
NAME ON CERTIFICATE (FIRST) (MIDDLE) (LAST)	NAME ON CERTIFICATE (FIRST) (MIDDLE) (LAST)
ALSO KNOWN AS (INDICATE IF BIRTH COULD BE RECORDED UNDER ANOTHER NAME)	PLACE OF DEATH (STATE)
DATE OF BIRTH (MONTH) (DAY) (YEAR)	DATE OF DEATH (MONTH) (DAY) (YEAR)
PLACE OF BIRTH (CITY) (COUNTY) (STATE)	SPOUSE'S NAME (FIRST) (MIDDLE) (LAST) (IF KNOWN)
FATHER'S NAME (FIRST) (MIDDLE) (LAST)	FATHER'S NAME (FIRST) (MIDDLE) (LAST)
MOTHER'S FULL MAIDEN NAME (FIRST) (MIDDLE) (LAST)	MOTHER'S NAME (FIRST) (MIDDLE) (LAST)

WARNING: false application for a certified copy of a vital record is a felony punishable by a fine up to \$5,000, five years in prison, or both (RSMo 193.315)

Please Proofread Carefully – Certificate can only be exchanged within 30 days from the date of purchase.

YOUR SIGNATURE	NAME PRINTED	DAYTIME PHONE ()
ADDRESS (STREET OR P.O. BOX) (CITY) (STATE) (ZIP)		
PURPOSE FOR WHICH CERTIFIED COPY IS TO BE USED		
YOUR RELATIONSHIP TO PERSON NAMED ON CERTIFICATE (SELF, MOTHER, SPOUSE, ETC.) (IF LEGAL GUARDIAN, MUST PROVIDE GUARDIANSHIP PAPERS)		
IF LEGAL REPRESENTATIVE – INDICATE LEGAL RELATIONSHIP		

NOTARY PUBLIC EMBOSSER SEAL	STATE	COUNTY
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME, THIS _____ DAY OF _____, 20_____	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
USE RUBBER STAMP IN CLEAR AREA BELOW		