



CITY OF INDEPENDENCE, MISSOURI  
 HEALTH DEPARTMENT  
**APPLICATION FOR COPY OF BIRTH OR DEATH CERTIFICATION**

P. O. Box 1019  
 515 S. Liberty Street  
 Independence, MO 64051-0519

Certified copies are computer generated and are valid for all legal purposes.

To apply by mail:  
 Please mail application with check or money order made payable to the **CITY OF INDEPENDENCE**  
 and a self-addressed stamped envelope.

**FEE MUST ACCOMPANY APPLICATION**

Statewide recording of birth and death records began January 1, 1910

**TYPE OR PRINT ALL ITEMS EXCEPT SIGNATURES**

<p><b>BIRTH _____ (Quantity)</b></p> <p>A required \$15.00 fee per birth certification must accompany all requests.</p>	<p><b>DEATH _____ (Quantity)</b></p> <p>A required fee for the first certification of death is \$13.00. For additional certifications of death for the same record ordered at the same time, the fee is \$10.00 each. Fees must accompany all requests for certified copies.</p>
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 (CITY) (COUNTY) SEX
DATE OF BIRTH (MONTH) (DAY) (YEAR)	DATE OF DEATH (MONTH) (DAY) (YEAR) RACE
PLACE OF BIRTH (CITY) (COUNTY) (STATE)	DATE OF BIRTH AGE SS# (IF KNOWN)
HOSPITAL SEX RACE	SPOUSE'S NAME (FIRST) (MIDDLE) (LAST)
FATHER'S NAME (FIRST) (MIDDLE) (LAST)	FATHER'S NAME (FIRST) (MIDDLE) (LAST)
MOTHER'S NAME (FIRST) (MIDDLE) (MAIDEN)	MOTHER'S NAME (FIRST) (MIDDLE) (MAIDEN)

YOUR SIGNATURE	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	

**WARNING: False application for a certified copy of a valid record is a crime.**

Date: _____	FOR OFFICE USE ONLY	Certificate # _____
Cash	Check # _____	Mastercard / Visa / Discover