

Missouri law requires a fee for a search of the files. Applicant will receive one (1) certified copy if record is found. **Certified copies are computer generated and are valid for all legal purposes.

FEE MUST ACCOMPANY APPLICATION

Check or money order payable to: **JOHNSON COUNTY COMMUNITY HEALTH SERVICES**
 Statewide recording of birth and death records began January 1, 1910. Johnson County Community Health Services can print *birth records since 1920* and *death records since 1980*. If no record is found, please contact the Missouri Department of Health & Senior Services at (573) 751-6387, or on the web at www.dhss.mo.gov

TYPE OR PRINT ALL ITEMS EXCEPT SIGNATURES

BIRTH _____ (Quantity)	DEATH _____ (Quantity)
<p>A \$15.00 fee is required for each five (5) year search of the files for a birth certificate. If the record is found, one (1) certified copy will be provided. There is a \$15.00 fee for each additional copy of the same record.</p>	<p>A \$13.00 fee is required for each five (5) year search of the files for a death certificate. If the record is found, one (1) certified copy will be provided. There is a \$10.00 fee for each additional copy of the same record ordered at the same time.</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)

Please enclose a Self Addressed Stamped Envelope with your Request
MAIL TO: JOHNSON COUNTY COMMUNITY HEALTH SERVICES
429 BURKARTH ROAD, WARRENSBURG, MO 64093 (660) 747-6121

PRINT AND SIGN YOUR NAME	DAYTIME PHONE
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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.