JACKSON COUNTY PUBLIC HEALTH

3651 NE Ralph Powell Road
Lee's Summit, MO 64064

Hours: Monday-Friday, 8 am – 4 pm
Phone: 816-404-6419
Operated by University Health

Vital Record Application

Applicants must show identification when requesting certified copies of vital records. Mail-in requests must be notarized by an acceptable notary public and payable by money order to JCPH.

If eligibility requirements are met and a record is found, applicant is entitled to certified copies. **NOTE: Fee must accompany application.** Fees are valid for one year. If paying in person, all forms of payment are acceptable with the exception of personal checks and American Express. Birth records from 1920 to present. Death records from 1980 to present.

☐ I would like to make a $1.00 donation to homeless families & provide financial assistance to organizations addressing homelessness in Jackson County.

I. BIRTH CERTIFICATE

Number of Copies: 1 ($15 each)

Full Name on Certificate (First, Middle, Last):

Also Known As (indicate if birth could be recorded under another name):

Date of Birth: Place of Birth (City, County, State):

Sex: ◉ Female ○ Male

Parent One Full Name (Maiden Name):

Parent Two Full Name (Maiden Name):

Were Parents Married at Time of Birth? Yes

II. DEATH CERTIFICATE

Number of Copies: 1 ($14 for first copy; $11 for additional copies ordered at same time)

Full Name on Certificate (First, Middle, Last):

Also Known As (indicate if birth could be recorded under another name):

Date of Death: Full Name of Spouse:

Sex: ◉ Female ○ Male

Parent One Full Name (Maiden Name):

Parent Two Full Name (Maiden Name):

III. APPLICANT INFORMATION

Applicant Name: Phone Number:

Applicant Email Address:

Applicant Street Address:

Applicant City: State: Zip Code:

Purpose for Certificate Request:

Legal Relationship to Person Named on Record (if legal guardian, must provide paperwork):

All applications must be signed. I do solemnly declare and affirm that I am eligible to receive a certified copy of the vital record(s) requested above and that the information is true under the pains and penalties of perjury.

Applicant Signature: **Date:**

<table>
<tr><td colspan="4">Mail-in applications must be notarized. Please enclose a self-addressed, stamped envelope with money order or cashier's check.</td></tr>
<tr><td rowspan="3">Notary Public Embosser Seal</td><td colspan="2">State</td><td>County</td></tr>
<tr><td colspan="2">Subscribed, declared, and affirmed before me, this _____ day of _____, 20_____</td><td rowspan="2">Use Rubber Stamp in Area Below</td></tr>
<tr><td>Notary Public Signature</td><td>Commission Expires</td></tr>
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WARNING: False application for a certified copy of a vital record is a crime.