

Warren County Health Department
 101 Mockingbird Lane, Ste. 100
 Warrenton MO 63383
 Phone: 636-456-7474

Certificate # _____
 Processor _____
 Date _____

APPLICATION FOR COPY OF BIRTH OR DEATH CERTIFICATION

The Warren County Health Dept. can access Missouri Birth records after 1920 and Death records after 1980. All other requests must be sent to the State Bureau of Vital Records. We accept cash, checks & money orders (payable to Warren County Treasurer) or credit cards (processing fee applies). Fee must accompany *mailed* application.

BIRTH RECORD ____ Quantity			DEATH RECORD ____ Quantity		
\$15 Fee for each copy of a Birth Certificate			\$14 Fee for a Death Certificate. \$11 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 under another name)			Date of Death (Month) (Day) (Year)		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth (Month)	(Day)	(Year)	Place of Death (City) (County) (State)		
Place of Birth (City) (County) (State)			Spouse's Name (First) (Middle) (Last)		
Father's Name (First) (Middle) (Last)			Father's Name (First) (Middle) (Last)		
Mother's (Maiden) Name (First) (Middle) (Last)			Mother's (Maiden) Name (First) (Middle) (Last)		

APPLICANT'S INFORMATION		
Your Signature	Please PRINT Name	Daytime Phone ()
Your Address (Street or PO Box)	(City)	(State) (ZIP)
Purpose for which certified copy is to be used.		
Your relationship to person named on certificate (self, mother, father, spouse, guardian, etc.) (if legal guardian, must provide guardianship papers):		

Section Below is ONLY required for Mail-In Requests!

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 (PLEASE PRINT NAME)		
USE RUBBER STAMP IN CLEAR AREA BELOW		

Mail-In Request MUST be notarized and application signed. Cash is not accepted for mailed applications. Enclose self-addressed stamped envelope with adequate postage for requested number of copies.

*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)
 Revised 08/28/2020