



Barry County Health Department  
 P.O. Box 207  
 Cassville, MO 65625  
 417-847-2114

www.barrycountyhealth.org

Beginning March 1, 2011, applicants must show identification when requesting certified copies of a vital record at the local health department. **Mail-in requests must be notarized by an acceptable notary public.**

If the requested certificate is unavailable through the Barry County Health Department all requests and payments will be returned by mail. **FEE MUST ACCOMPANY APPLICATION.** FEES ARE VALID FOR ONE YEAR. Check or money order payable to: **Barry County Health Department.**

State recording of birth and death records began January 1, 1910. Barry County Health Department has access to Death Certificates filed from 1980-present.

**BIRTH** NUMBER OF COPIES \_\_\_\_\_ (FIRST COPY ISSUED \$15; EACH ADDITIONAL COPY \$15)

FULL NAME ON CERTIFICATE \_\_\_\_\_

ALSO KNOWN AS (INDICATE IF BIRTH COULD BE RECORDED UNDER ANOTHER NAME) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH (CITY, COUNTY, STATE) \_\_\_\_\_

HOSPITAL \_\_\_\_\_ SEX FEMALE  MALE  RACE \_\_\_\_\_

FULL NAME OF FATHER \_\_\_\_\_

FULL MAIDEN NAME OF MOTHER \_\_\_\_\_

**DEATH** NUMBER OF COPIES \_\_\_\_\_ (FIRST COPY ISSUED \$13; EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME \$10)

FULL NAME ON CERTIFICATE \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_ SEX FEMALE  MALE  RACE \_\_\_\_\_

PLACE OF DEATH (CITY, COUNTY, STATE) \_\_\_\_\_

FULL NAME OF SPOUSE \_\_\_\_\_

FULL NAME OF FATHER \_\_\_\_\_

FULL MAIDEN NAME OF MOTHER \_\_\_\_\_

**PLEASE ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE WITH YOUR REQUEST (PRINT THE FOLLOWING INFORMATION)**

APPLICANT'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

APPLICANT'S STREET ADDRESS \_\_\_\_\_

APPLICANT'S CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PURPOSE FOR CERTIFICATE REQUEST \_\_\_\_\_

YOUR RELATIONSHIP TO PERSON NAMED ON RECORD (IF LEGAL GUARDIAN, MUST PROVIDE GUARDIANSHIP PAPERS). IF LEGAL REPRESENTATIVE, INDICATE LEGAL RELATIONSHIP. \_\_\_\_\_

➤ **MAIL-IN REQUESTS MUST BE NOTARIZED. 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'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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) _____		

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