MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS

APPLICATION FOR NON-CERTIFIED COPY OF AN ORIGINAL BIRTH CERTIFICATE BY ADOPTEE, ADOPTEE'S ATTORNEY OR BIRTH PARENT

P.O. Box 570
Jefferson City, Missouri 65102-0570
Telephone: (573) 751-6378

The adoptee, adoptee's attorney, or the birth parent may request a copy of the adoptee's original (prior to adoption) birth certificate. If you are a lineal descendant, please complete "Application for Original Birth Certificate by Lineal Descendant". Birth parent's name must be listed on the certificate in order for the certificate to be released. Applicants may mail the required application with payment or submit it in our office in Jefferson City. A copy of an original birth certificate for adoptees born in Missouri cannot be ordered online.

The following information is needed in order to find and match your application with Bureau of Vital Records files. Please provide as much accurate information as you can to avoid delays and increase the likelihood of being able to process this application. **Missouri Department of Health and Senior Services is unable to search by birth parent name.** The Bureau of Vital Records will notify you if no record is found.

Contact Preference and Medical History Forms may be released to the adoptee, adoptee's attorney, or birth parent if completed forms have been submitted. Information may be redacted on the original (prior to adoption) birth certificate dependent on if or how a birth parent completed a Birth Parent Contact Preference Form.

A NON-REFUNDABLE SEARCH FEE OF $15 MUST ACCOMPANY THIS APPLICATION. Make check or money order payable to: Missouri Department of Health and Senior Services. **Mail to:** Bureau of Vital Records, P.O. Box 570, Jefferson City, MO 65102-0570. **Please print clearly and complete as many of the items below as possible.**

FULL NAME OF CHILD ON ORIGINAL BIRTH CERTIFICATE (IF KNOWN)		
DATE OF BIRTH	CHILD'S SEX	MISSOURI CITY AND COUNTY WHERE BORN
BIRTH MOTHER/PARENT NAME (FIRST, MIDDLE, LAST NAME PRIOR TO FIRST MARRIAGE) (IF KNOWN)		BIRTH MOTHER/PARENT NAME (FIRST, MIDDLE, CURRENT LEGAL LAST NAME) (IF KNOWN)
BIRTH FATHER/PARENT NAME (FIRST, MIDDLE, LAST NAME PRIOR TO FIRST MARRIAGE) (IF KNOWN)		ANY OTHER INFORMATION THAT MAY HELP IDENTIFY THE RECORD (E.G., PARTIAL NAME, MOTHER'S AGE, NAME OF ADOPTION AGENCY, ETC.)
FULL NAME OF CHILD AFTER ADOPTION		
DATE OF ADOPTION (IF KNOWN)		PLACE OF ADOPTION (IF KNOWN)
ADOPTIVE MOTHER/PARENT NAME (FIRST, MIDDLE, LAST NAME PRIOR TO FIRST MARRIAGE)		
ADOPTIVE FATHER/PARENT NAME (FIRST, MIDDLE, LAST NAME PRIOR TO FIRST MARRIAGE)		
APPLICANT'S NAME		RELATIONSHIP TO ADOPTEE ☐ Self ☐ Attorney for Adoptee ☐ Birth Parent

MAILING ADDRESS	CITY	STATE	ZIP CODE
APPLICANT'S TELEPHONE NUMBER			

I _____, subject to the penalty of perjury, do solemnly declare and affirm that I am eligible to receive a non-certified copy of the original birth certificate requested above and that the information contained in this application is true and correct to the best of my knowledge. I attest that I am the adoptee, adoptee's attorney, or birth parent.

SIGNATURE OF APPLICANT	DATE

NOTARY PUBLIC EMBOSSER SEAL	STATE		COUNTY
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF	YEAR	**USE RUBBER STAMP IN CLEAR AREA BELOW.**
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		