MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS

APPLICATION FOR NON-CERTIFIED COPY OF AN ORIGINAL BIRTH CERTIFICATE BY LINEAL DESCENDANT

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

Upon proof* that an adopted person is deceased, his or her lineal descendant** shall have a right to obtain a copy of the adopted person's Original Birth Certificate and accompanying Contact Preference Form and Medical History Form (if completed). 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. The Bureau of Vital Records will notify you if no record is found.

Information may be redacted depending on whether the birth parent(s) completed a Birth Parent Contact Preference Form. A Birth Parent Contact Preference Form, a Birth Parent Medical History Form, and/or an Adoptee Contact Preference Form may also be released to the lineal descendant if completed forms have been submitted by the birth parent(s) and/or adoptee.

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.

***Proof of adopted person's death is a Certified Death Certificate. **Proof of lineal descent is a Certified Birth Certificate or adoption paperwork.**

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	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 (SON, DAUGHTER, GRANDSON, GRANDDAUGHTER, OTHER – IF OTHER, PLEASE SPECIFY)T	
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 a lineal descendant of the adopted person as defined in 19 CSR 10-10.130.

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)		