



City of Saint Louis
Recorder of Deeds

Sharon Quigley Carpenter

Birth Records Department
Room 127, City Hall, 1200 Market Street
Saint Louis, Missouri 63103

**CERTIFIED COPY APPLICATION
MISSOURI BIRTH CERTIFICATE
1920-Present, Any Missouri County
Including City of St. Louis**

BIRTH REGISTRANT INFORMATION

Number of Copies of this Birth Certificate Requested: _____

Birth Registrant Name (Name at Birth):

First Name + Middle Name + Last Name

Sex: _____ **Race:** _____
Female or Male (race identification optional)

Place of Birth: City + County

Date of Birth: Month + Day + Year

Father's First Name + Middle Name + Last Name

Mother's First Name + Middle Name + Maiden Last Name
(name before marriage)

INSTRUCTIONS

READ BIRTH CERTIFICATE DETAILS @
www.stlouiscityrecorder.org Before Using Form

- Type or Print All Information Legibly.
- **Mail-In Request Must Be Notarized** per State Health Dept. 02.28.2011
- **NONREFUNDABLE \$15.00 FEE** for each 5-year search using Birth Registrant information provided by Applicant (Customer) and, if record is found, one (1) Certified Copy will be issued.
- **NO PERSONAL CHECKS.** Payment must be made by Cash, Money Order, or Business Check made out to: Vital Records.
- **MAIL-IN SERVICE--** Send this Application completed and Notarized with Payment and Self-Addressed-Stamped-Envelope or add 50 cents to Payment for mailing.
- **WALK-IN SERVICE--** Bring this Application completed with Photo ID and Payment. Walk-In service does not require notarization but does require Photo ID.

**APPLICANT (CUSTOMER)
INFORMATION**

WARNING: False Application for a Certified Copy of a Birth Certificate is a crime.

Applicant Name:

First Name + Middle Name + Last Name

Applicant Day Phone: (____) _____

Applicant Address:

Street Number + Street Name + Apt. Number

City + State + Zip Code

Relationship of Applicant to Birth Registrant or Interest of Person Requesting Copy:

Purpose Certified Copy is to be used:

- _____ Legal Matter or Benefits Application.
- _____ Irish, Israeli, or Italian Dual Citizenship Application.
- _____ Genealogy.
- _____ Other _____

Applicant (Customer) Must Sign and Date This Statement In Front of a Notary Public

I, _____, subject to the penalty of perjury, 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 contained in this Application is true and correct to the best of my knowledge.

Applicant Signature _____

To Be Completed by Notary Public

STATE _____ COUNTY _____
SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME,

THIS _____ DAY OF _____, 20____
NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES _____
NOTARY PUBLIC NAME (TYPED OR PRINTED)

Notary Public Embosser Seal or Rubber Stamp