Michael Butler
Recorder of Deeds
City of Saint Louis

City Hall, Room 126
1200 Market Street
Saint Louis, MO 63103
314.613.3015

Mail Application for Certified **Birth Certificate**

For any Missouri Birth, 1920 - Present

333-003 rev. 05/2019

Important Instructions:

1.) Mail-in Requests ***must be NOTARIZED***.

2.) A non-refundable ***$15.00 fee*** is required for each certified copy, per State statute.
If a record is found, one (1) certified copy will be mailed.

3.) Include either a self-addressed, stamped envelope, or add 55¢ to payment for postage.

Applicant Information:
(Customer)

Applicant Name: _____

Daytime Telephone: _____

Street Address: _____

City, State, and ZIP: _____

Relationship to Registrant: _____

Registrant Information
(Name on Birth Record)

No. of Copies requested: _____

Birth Registrant Name at Birth: _____
First Middle Last

Place of Birth: _____
City and County

Date of Birth: _____

Father's First and Last Name: _____

Mother's First and Last Name: _____

Applicant **MUST** sign and date this statement in front of a **Notary Public**:

I, _____, subject to penalty of perjury, do solemnly declare and affirm that I am eligible to receive a certified copy of the vital record(s) requested and that the information contained in my request is true and correct to the best of my knowledge.

_____ _____
Applicant Signature ***Date***

(To be completed by Notary):

STATE ..... COUNTY .....
SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME,
THIS..... DAY OF..... , 20 .....

_____
Notary Public Signature

_____
Notary Public Name, Typed or Printed

MY COMMISSION EXPIRES: .....

Notary Public Embosser Seal or Rubber Stamp:

Make checks payable to "Vital Records".

Please mail payment (Check or Money Order), along with ***Completed*** & ***NOTARIZED*** form and either a ***Self-Addressed, Stamped envelope, or an additional 55¢*** for postage) to:

Birth Records Dept.
City Hall, Room 126
1200 Market Street
Saint Louis, MO 63103