



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

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) ↓	↓ Registrant Information (Name on Birth Record) ↓
Applicant Name: _____	No. of Copies requested: _____
Daytime Telephone: _____	Birth Registrant Name at Birth: _____ First Middle Last
Street Address: _____	Place of Birth: _____ City and County
City, State, and ZIP: _____	Date of Birth: _____
Relationship to Registrant: _____	Father's First and Last Name: _____
	Mother's First and Maiden 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.

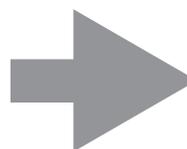
.....
Applicant Signature Date

(To be completed by Notary):

STATE COUNTY
SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME,
THISDAY OF20.....
.....
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.
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