



Michael Butler
Recorder of Deeds
City of Saint Louis

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



333-004 rev. 05/2019

Mail Application for Certified Death Certificate

For any Missouri Death, 1980 - Present

Important Instructions:

- 1.) Mail-in Requests **must be NOTARIZED**.
- 2.) A non-refundable **\$13.00 fee** required for each certified death record (& \$10 per ea. additional), per State statute.
If a record is found, one (1) certified copy will be issued and 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 Deceased: _____

↓ Deceased's Information ↓ (Name on Death Certificate)

No. of Copies requested: _____

Deceased's Name at Death: _____
First Middle Last

Place of Death: _____
City and County

Date of Death: _____

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.

(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:

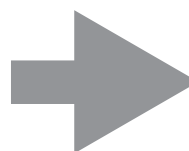
Notary Public Embosser Seal or Rubber Stamp:

.....
Applicant Signature

.....
Date

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:



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