



Michael Butler
Recorder of Deeds City
of Saint Louis

City Hall, Room 128
1200 Market Street
Saint Louis, MO 63103
314.613.3015



333-004 rev. 08/2020

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 **\$14.00 fee** required for each certified death record (& **\$11** 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 **63¢** 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: _____

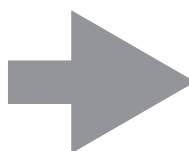
Notary Public Embosser Seal or Rubber Stamp:

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 63¢** for postage) to:



Recorder's Assistance Center
City Hall, Room 128
1200 Market Street Saint
Louis, MO 63103