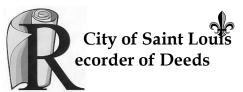
rev. 01.14.2015



CERTIFIED COPY APPLICATION MISSOURI DEATH CERTIFICATE

Sharon Quigley Carpenter

Death Records Department Room 124, City Hall, 1200 Market Street Saint Louis, Missouri 63103

INSTRUCTIONS

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

- Type or Print All Information Legibly.
- Mail-In Request Must Be Notarized.
- NONREFUNDABLE \$13.00 FEE for each 5-year search using Decedent information provided by Applicant (Customer) and, if record is found, one (1) Certified Copy will be issued. \$10 for each additional copy of that Certificate.
- NO PERSONAL CHECKS. Payment must be made by Cash, Money Order, or Business Check made out to: Vital Records.
- MAIL-IN SERVICE-- Send this form completed and notarized with Payment and Self-Addressed-Stamped-Envelope or add 50 cents to Payment for mailing.
- WALK-IN SERVICE-- Bring this Form completed with Photo Identification 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 Death 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 Decedent 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

INFORMATION ON THE DECEASED **Number of Copies of this** Death Certificate Requested: __ Name of the Deceased (Name at Death): First Name + Middle Name + Last Name (race identification optional) Female or Male **Place of Death:** City + County **Date of Death:** Month + Day + Year Father's First Name + Middle Name + Last Name Mother's First Name + Middle Name + Maiden Last Name (name before marriage) Applicant (Customer) Must Sign and Date This Statement In Front of a Notary Public _, 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 COUNTY SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME, DAY OF NOTARY PUBLIC SIGNATURE MY COMMISSION EXPIRES NOTARY PUBLIC NAME (TYPED OR PRINTED)

Notary Public Embosser Seal or Rubber Stamp