

## **Stone County Health Department**

Application for a Vital Record

www.stonecountyhealthdepartment.com

701 Old Wilderness Rd.

Reeds Spring, MO 65737 417-272-0050

Beginning March 1, 2011, applicants must show identification when requesting certified copies of a vital record at the Stone County Health Department. Mail-in requests must be notarized by an acceptable notary public.

Mail requests to: Stone County Health Department 701 Old Wilderness Rd.

Reeds Spring, MO 65737

**FEE MUST ACCOMPANY APPLICATION**. Check or money order payable to: **Stone County Health Department**. State recording of birth and death records began January 1, 1910.

BIRTH	NUMBER OF COPIES	(FIRST COPY ISSUI	ED \$15; EACH ADDITIONAL COPY \$15)
FULL NAME ON CERTIFIC	CATE		
ALSO KNOWN AS (INDICATE	E IF BIRTH COULD BE RECORDED UNDER ANOTHER I	NAME)	
DATE OF BIRTH	PLACE OF BIRTH (CITY, COUNT	ΓY, STATE)	
HOSPITAL	SEX	FEMALE MALE	RACE
FULL NAME OF FATHER			
FULL MAIDEN NAME OF	MOTHER		
DEATH	NUMBER OF COPIES		D \$14; EACH ADDITIONAL COPY OF
FULL NAME ON CERTIFIC	CATE		ORDERED AT THE SAME TIME \$11)
	SEX		
PLACE OF DEATH (CITY, CO	OUNTY, STATE)		
FULL NAME OF SPOUSE			
	MOTHER		
PLEASE ENCLOSE A SELF ADI			
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