

Applicants must show identification when requesting copies of a vital record in person.  
To apply by mail:

Please mail application to above address with check or money order made payable to the **CITY OF INDEPENDENCE** and a self-addressed stamped envelope. **Mail-in requests must be notarized by an acceptable notary public.**

**FEE MUST ACCOMPANY APPLICATION**

Statewide recording of birth and death records began January 1, 1910

**TYPE OR PRINT ALL ITEMS EXCEPT SIGNATURES**

**BIRTH \_\_\_\_\_ (Quantity)**

A required \$15.00 fee per birth certification must accompany all requests.

Please print neatly and legibly on application.

NAME ON CERTIFICATE (FIRST) (MIDDLE) (LAST)

ALSO KNOWN AS (INDICATE IF BIRTH COULD BE RECORDED UNDER ANOTHER NAME)

DATE OF BIRTH (MONTH) (DAY) (YEAR)

PLACE OF BIRTH (CITY) (COUNTY) (STATE)

HOSPITAL SEX RACE

FATHER'S NAME (FIRST) (MIDDLE) (LAST)

MOTHER'S NAME (FIRST) (MIDDLE) (MAIDEN)

**DEATH \_\_\_\_\_ (Quantity)**

A required fee for the first certification of death is \$13.00. For additional certifications of death for the same record ordered at the same time, the fee is \$10.00 each. Fees must accompany all requests for certified copies. Please print neatly and legibly on application.

NAME ON CERTIFICATE (FIRST) (MIDDLE) (LAST)

PLACE OF DEATH (CITY) (COUNTY) SEX

DATE OF DEATH (MONTH) (DAY) (YEAR) RACE

DATE OF BIRTH AGE SS# (IF KNOWN)

SPOUSE'S NAME (FIRST) (MIDDLE) (LAST)

FATHER'S NAME (FIRST) (MIDDLE) (LAST)

MOTHER'S NAME (FIRST) (MIDDLE) (MAIDEN)

YOUR SIGNATURE DAYTIME PHONE  
( )

ADDRESS (STREET OR P.O. BOX) (CITY) (STATE) (ZIP)

PURPOSE FOR WHICH CERTIFIED COPY IS TO BE USED

YOUR RELATIONSHIP TO PERSON NAMED ON CERTIFICATE (SELF, MOTHER, SPOUSE, ETC.) (IF LEGAL GUARDIAN, MUST PROVIDE GUARDIANSHIP PAPERS)

IF LEGAL REPRESENTATIVE - INDICATE LEGAL RELATIONSHIP

**WARNING: False application for a certified copy of a valid record is a crime.**

NOTARY PUBLIC EMBOSSEER SEAL	STATE	COUNTY
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME, THIS _____ DAY OF _____, 20__	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
<b>USE RUBBER STAMP IN CLEAR AREA BELOW</b>		

**FOR OFFICE USE ONLY**

Date: \_\_\_\_\_ Cash Check # \_\_\_\_\_ Mastercard / Visa / Discover Certificate # \_\_\_\_\_