



City of Saint Louis  
Recorder of Deeds

Sharon Quigley Carpenter

Birth Records Department  
Room 127, City Hall, 1200 Market Street  
Saint Louis, Missouri 63103

**CERTIFIED COPY APPLICATION  
MISSOURI BIRTH CERTIFICATE  
1920-Present, Any Missouri County  
Including City of St. Louis**

**BIRTH REGISTRANT INFORMATION**

**Number of Copies of this Birth Certificate Requested:** \_\_\_\_\_

**Birth Registrant Name (Name at Birth):**

\_\_\_\_\_  
First Name + Middle Name + Last Name

**Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_  
Female or Male (race identification optional)

\_\_\_\_\_  
**Place of Birth:** City + County

\_\_\_\_\_  
**Date of Birth:** Month + Day + Year

\_\_\_\_\_  
**Father's First Name + Middle Name + Last Name**

\_\_\_\_\_  
**Mother's First Name + Middle Name + Maiden Last Name**  
(name before marriage)

**INSTRUCTIONS**

**READ BIRTH CERTIFICATE DETAILS @**  
[www.stlouiscityrecorder.org](http://www.stlouiscityrecorder.org) Before Using Form

- Type or Print All Information Legibly.
- **Mail-In Request Must Be Notarized** per State Health Dept. 02.28.2011
- **NONREFUNDABLE \$15.00 FEE** for each 5-year search using Birth Registrant information provided by Applicant (Customer) and, if record is found, one (1) Certified Copy will be issued.
- **NO PERSONAL CHECKS.** Payment must be made by Cash, Money Order, or Business Check made out to: Vital Records.
- **MAIL-IN SERVICE--** Send this Application completed and Notarized with Payment and Self-Addressed-Stamped-Envelope or add 50 cents to Payment for mailing.
- **WALK-IN SERVICE--** Bring this Application completed with Photo ID 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 Birth 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 Birth Registrant 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 \_\_\_\_\_

**Applicant (Customer) Must Sign and Date This Statement In Front of a Notary Public**

I, \_\_\_\_\_, 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**

STATE \_\_\_\_\_ COUNTY \_\_\_\_\_  
SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME,

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

\_\_\_\_\_  
MY COMMISSION EXPIRES \_\_\_\_\_  
NOTARY PUBLIC NAME (TYPED OR PRINTED)

\_\_\_\_\_  
Notary Public Embosser Seal or Rubber Stamp