

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF VITAL RECORDS

## APPLICATION TO RECORD BIRTH AFTER 12th BIRTHDAY

P.O. BOX 570 JEFFERSON CITY, MISSOURI 65102

VS-200

INSTRUCTIONS: This application is sent in response to a request for a certified copy of a birth certificate when no record can be found. Certified copies are \$10.00 each. An additional fee of \$10.00 is also required for processing. Your check or money order should be made payable to Missouri Department of Health and Senior Services.

USE ONLY PERMANENT BLACK INK or RIBBON ON THIS FORM. Print or type everything except signatures. DO NOT MARK OUT, erase or trace over or use white out. SEE COMPLETE INSTRUCTIONS ON PAGE 3. Any fax, photo or reproduced copies of this form will NOT be accepted.

THIS APPLICATION WILL BECOME YOUR DELAYED CERTIFICATE OF BIRTH WHEN ACCEPTED AND FILED BY THE BUREAU OF VITAL RECORDS.

DO NOT WRITE IN SPACE FOR CERTIFICATE NO.

FULL NAME AT BIRTH: (FIRST, II  RACE  FATHER: FULL NAME  MOTHER: (FIRST, MIDDLE MAIDEN)	SEX	BIRTHPLACE (CITY OR TOWN, CO		DATE OF BIRTH (MOI	NTH, DAY, YEARS		
FATHER; FULL NAME	SEX	BIRTHPLACE (CITY OR TOWN, CO	ACTIVITIES.				
			UNITY, STATE)				
MOTHER: IFIRST MIDDLE MAIDEN	FATHER: FULL NAME				BIRTHPLACE (STATE OR COUNTRY)		
MOTHER: (FIRST, MIDDLE, MAIDEN)				BIRTHPLACE (STATE OR COUNTRY)			
FFIDAVIT: I have reviewed ar	nd hereby decl	are upon oath that the abo	ve statements	are true.			
MUST BE SIGNED IN PRESENCE OF NOTARY	REGISTRANT'S OWN SIGNATURE		ADDRESS				
NOTARY PUBLIC EMBOSSER SEAL	STATE OF		COUNTY				
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR			USE RUBBER STAMP IN CLEAR AREA BELOW.			
	NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES				
	NOTARY PUBLIC NAME (TYPED OR PRINTED)						
DO NOT WRITE BELOW	THIS LINE	ABSTRACT OF SUPPORTIN	NG EVIDENCE	DO NOT WE	RITE BELOW THIS LINE 4		
NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND SIGNED)					DATE ORIGINAL DOCUMENT WAS MADE		
NFORMATION CONCERNING	G REGISTRAN	IT AS STATED IN DOCUM	IENT				
	HPLACE	NAME OF FATHE		N/	MME OF MOTHER		
DOTTIONAL INFORMATION		REVIEWER'S STATEMENT: I hereby certify that I have reviewed the evidence submitted in support of the above affidavit and that the preceding abstract is taken from this evidence.					
REVIEWER'S STATEMENT: I here ellidavit and that the preceding abs	eby certify that I stract is taken fro	have reviewed the evidence om this evidence.	submitted in sup	port of the above	FILED in the Dept. of Health and Serie Services, Jetterson City, MO, on		

				rage z		
SUPPORTING AFFIDAV	T (The person completing this present at the birth.)	s Affidavit MUST be O	LDER than the registrant,	but NOT necessarily		
I				, of lawful age,		
hala East de la course des	tile and now that I am		ware of age: that I am	well acquainted with		
being first duly sworn, tes	tiry and say that I am	years of age; that I am well acquainted with				
		and have known him/	her for more than	years last past;		
that, at the time I first kne	w him/her, he/she was		years of age. I verily bel	ieve that he/she was		
born in		on				
AFFIANT NAME (PRINT OR TYPE)			RELATIONSHIP TO REGISTRANT			
ADDRESS (STREET & NUMBER, CITY, 5	STATE)					
		AFFIANT SIGNATURE				
MUST BE SIGNED IN	PRESENCE OF NOTARY					
NOTARY PUBLIC EMBOSSER OR BLACK INK PUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)			
	SUBSCRIBED AND SWORN BEFORE ME. TH		USE RUBBER STAMP IN CL	EAR AREA BELOW.		
	DAY OF NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES				
	NOTARY PUBLIC NAME (TYPED OR PRINTED	D)				