Howell County Health Department

Application for Certified Copy of Birth Certification

The law requires a fee of $15.00 for each copy issued. The fee must accompany the application. Please do not send cash by mail. **Make check or money order payable to**: Howell County Health Department

Mail this application and your check or money order to:

Vital Records
Howell County Health Department
180 S. Kentucky Street
West Plains, MO 65775

Number of copies requested: _____

Full Name at Birth: _____
First Middle Last or Maiden Name

How are you related to the person above? Self Parent Spouse Grandparent Other: _____

Could this be recorded under any other name (adopted)? _____ Sex: _____ Male _____ Female

Date of Birth (month/day/year): _____

Place of Birth: _____
City County State

Full name of Mother: _____
First Middle Maiden Name

Full name of Father: _____
First Middle Last

Reason you need this copy? _____

Signature of Applicant: _____

Address of Applicant: _____
Address City State Zip Code

Daytime Phone (_____) _____

WARNING: False application for a certified copy of a vital record is a felony punishable by a fine up to $5,000 or five (5) years in prison or both (RSMo 193.315).

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FOR OFFICE USE ONLY

Date: _____ Paid $ _____: ____ Cash ____ Check ____ Money Order

Certificate/Receipt # _____

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Howell County Health Department * 411 Garfield Ave. * West Plains, MO 65775
(417) 256-7078 * (417) 256-1179 Fax