



City of Saint Louis
Recorder of Deeds

Sharon Quigley Carpenter

Death Records Department
Room 124, City Hall, 1200 Market Street
Saint Louis, Missouri 63103

CERTIFIED COPY APPLICATION MISSOURI DEATH CERTIFICATE

INFORMATION ON THE DECEASED

**Number of Copies of this
Death Certificate Requested:** _____

Name of the Deceased (Name at Death):

First Name + Middle Name + Last Name

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

Place of Death: City + County

Date of Death: 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 DEATH CERTIFICATE DETAILS @
www.stlouiscityrecorder.org **Before Using Form**

- Type or Print All Information Legibly.
- **Mail-In Request Must Be Notarized.**
- **NONREFUNDABLE \$13.00 FEE** for each 5-year search using Decedent information provided by Applicant (Customer) and, if record is found, one (1) Certified Copy will be issued. **\$10 for each additional copy of that Certificate.**
- **NO PERSONAL CHECKS.** Payment must be made by Cash, Money Order, or Business Check made out to: Vital Records.
- **MAIL-IN SERVICE--** Send this form completed and notarized with Payment and Self-Addressed-Stamped-Envelope or add 50 cents to Payment for mailing.
- **WALK-IN SERVICE--** Bring this Form completed with Photo Identification and Payment. Walk-In service does not require notarization but does require Photo ID.

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 _____

APPLICANT (CUSTOMER) INFORMATION

WARNING: False Application for a Certified Copy of a Death 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 Decedent 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 _____

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