

**SAINT LOUIS CITY BIRTH RECORDS
APPLICATION FOR CERTIFIED COPIES
FEE (As of August 28, 2004): \$15.00 per copy**

**Mail this form with Money Order (\$15 per copy) made out to "Recorder of Deeds" and Self-Addressed-Stamped Envelope to:
Birth Certificates/Vital Records, Recorder of Deeds,
City Hall Room 126, 1200 Market Street, Saint Louis, Missouri 63103**

Birth Registrant's Name

Person's Birth Record being sought _____
First Name + Middle Name + Last Name

Place of Birth (City + State) _____

Date of Birth _____ **Number of Copies Requested** _____
Month + Day + Year

Father's Name _____
First Name + Middle Name + Last Name

Mother's Maiden Name _____
First Name + Middle Name + Last Name

Name of Applicant
Person Requesting Copy _____

Applicant's Address _____
Street Number + Street Name + Apartment Number

City + State + Zip Code

**Relationship of Applicant to the Birth Registrant
Or Interest of Person Requesting Copy** _____

Purpose for which Certified Copy is to be used _____

Applicant's Signature _____ **Date** _____

**Please Affix Copy of
Your Photo Identification Here-**