



Jasper County Health Department

Application for Certified Copy of Death Certificate

Instructions		Number of Copies Requested	
1	The law requires a fee of \$13 for each copy issued. Additional Copies are \$10 each. The fee must accompany application. No cash by mail please.	Death Certification (Certification of facts of death contained in original record)	How many copies? _____ \$13.00 each \$10 additional
	2 Make check or money order payable to Jasper County Health Department (<i>No cash by mail please</i>)	Amount of money enclosed? \$ _____	
	3 Mail or bring this application to: Jasper County Health Department 105 Lincoln ST Carthage, MO 64836	Records are filed by year of death and alphabetically by the name of the deceased at the time the death. Therefore, at least the approximate year of death or last year in which the deceased was known to be alive must be given.	
Information about the person whose death certificate is requested (Type or print all items except signature)			
1. Full name of deceased			
First Name		Middle Name	Last Name
2. Date of Death		3. Sex, Race and Age	
Month	Day	Year	Sex
		Race	Age
4. Place of Death			
City or Town		County	State
5. Full name of spouse			
First Name		Middle Name	Last Name
6. Full name of father			
First Name		Middle Name	Last Name
7. Full name of mother			
First Name		Middle Name	Last Name
Person requesting certified copy of death record			
8. Purpose for which certified copy is to be used. (please check)		9. Relationship to registrant or interest of person requesting certification.	
<input type="checkbox"/> Insurance claim on policy issued within 2 years of death. (a certified copy of the original will be requested)			
<input type="checkbox"/> Other insurance claims			
<input type="checkbox"/> Other (please specify)			
10. Signature of applicant		11. Date Signed	
12. Name and address of applicant		13. Phone Number	
Name and address of funeral home or applicant			
Name of individual to receive copies		Street address	
City or Town		State	Zip Code
Please print or type the name and address of the person to whom the record is to be returned. Complete only if certifications are to be mailed.		Name	
		Address (number and street)	
		City, State, Zip Code	