

APPLICATION FOR CERTIFIED COPY OF BIRTH

The law requires a fee of \$15 for a search of the files. This fee entitles you to a certified copy of the birth certificate. FEE MUST ACCOMPANY APPLICATION. Please make check or money order payable to:

LINN COUNTY HEALTH DEPARTMENT

P.O. Box 280
635 S. Main
Brookfield, Mo. 64628

INFORMATION ABOUT PERSON WHOM BIRTH CERTIFICATE IS REQUESTED

FULL NAME OF PERSON AT BIRTH

First

Middle

Last (Maiden)

DATE OF BIRTH

Month

Day

Year

COUNTY OF BIRTH: _____

FULL NAME OF
MOTHER (MAIDEN)

First

Middle

Last

Signature of Applicant _____

Date _____