

APPLICATION FOR CERTIFIED COPY OF BIRTH

The law requires a fee of **\$15.00** 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 ST.
BROOKFIELD, MO 64628**

INFORMATION ABOUT PERSON WHOM BIRTH CERTIFICATE IS REQUESTED

FULL NAME OF PERSON AT BIRTH

First	Middle	Last (Maiden)
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DATE OF BIRTH _____

Month	Day	Year
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COUNTY OF BIRTH: _____

FULL NAME OF MOTHER(MAIDEN) _____

First	Middle	Last
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Signature of Applicant _____

Address _____

Date _____