



Taney County Health Department

Date Req. _____
Date Rec'd _____

Forsyth Office-East Location
15479 U.S. Hwy. 160 - P.O. Box 369
Forsyth, MO 65653
Phone: 417-546-4725 or 1-888-707-4725
Fax: 417-546-4727

Branson Office-West Location
125 Gateway Drive
Branson, MO 65616
Phone: 417-334-4544 or 1-888-294-9530
Fax: 417-335-5727

To request a certified birth or death certificate, please complete the following application and contact either of the Taney County Health Department locations.

Certified copies are computer generated and are valid for all legal purposes.

A picture ID is required to obtain a certificate.

Cash or check payable to: *Taney County Health Department*

TYPE OR PRINT ALL ITEMS EXCEPT SIGNATURES

BIRTH _____ (Quantity)			DEATH _____ (Quantity)		
A \$15.00 fee is required for a birth certificate. There is a \$15.00 fee for each additional copy of the same record.			A \$13.00 fee is required for a death certificate. There is a \$10.00 fee for each additional copy of the same record ordered at the same time.		
NAME ON CERTIFICATE (FIRST)	(MIDDLE)	(LAST)	NAME ON CERTIFICATE (FIRST)	(MIDDLE)	(LAST)
ALSO KNOWN AS (INDICATE IF BIRTH COULD BE RECORDED UNDER ANOTHER NAME)			PLACE OF DEATH (CITY)	(COUNTY)	SEX
DATE OF BIRTH (MONTH)	(DAY)	(YEAR)	DATE OF DEATH (MONTH)	(DAY)	(YEAR) RACE
PLACE OF BIRTH (CITY)	(COUNTY)	(STATE)	DATE OF BIRTH	AGE	SS# (IF KNOWN)
HOSPITAL	SEX	RACE	SPOUSE'S NAME (FIRST)	(MIDDLE)	(LAST)
FATHER'S NAME (FIRST)	(MIDDLE)	(LAST)	FATHER'S NAME (FIRST)	(MIDDLE)	(LAST)
MOTHER'S NAME (FIRST)	(MIDDLE)	(MAIDEN)	MOTHER'S NAME (FIRST)	(MIDDLE)	(MAIDEN)
NAME OF PERSON MAKING THIS REQUEST (Please print)			DAYTIME PHONE ()		
ADDRESS (STREET, OR P.O. BOX)			CITY, STATE, ZIPCODE		
YOUR RELATIONSHIP TO PERSON NAMED ON CERTIFICATE (SELF, MOTHER, SPOUSE, ETC) (IF LEGAL GUARDIAN, MUST PROVIDE GUARDIANSHIP PAPERS)					
IF LEGAL REPRESENTATIVE - INDICATE LEGAL RELATIONSHIP					
SIGNATURE					

WARNING: False application for a certified copy of a valid record is a crime.