



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF VITAL RECORDS

**APPLICATION FOR MISSOURI VITAL RECORD -  
MARRIAGE/DIVORCE/SINGLE STATUS**

**MAIL TO:**  
DHSS - Bureau of Vital Records  
930 Wildwood Dr.  
Jefferson City, MO 65109

When completing this application in-person, applicants must show proper identification. Mail-in requests **must be notarized** by an acceptable notary public and include a self-addressed stamped return envelope. All applications must include necessary fees and, if applicable, tangible interest documentation. Missouri law requires a non-refundable fee for each vital record request. This fee is to perform a search for the vital record requested and is valid for one (1) year. If no record is found, a statement will be issued.

Checks are cashed/fees are deposited immediately upon receipt of the application. The application is then sent to the Bureau of Vital Records for processing. Therefore, a cashed check does not indicate an application has been processed or completed.

State recording of marriage and divorce reports began July 1, 1948. For more info or to order a vital record online, visit: [www.health.mo.gov/vitalrecords](http://www.health.mo.gov/vitalrecords)

| MARRIAGE STATEMENT  |       |   |                                  |                          |
|---|-------|---|----------------------------------|--------------------------|
| A MARRIAGE STATEMENT IS NOT A MARRIAGE CERTIFICATE. FOR A COPY OF A MARRIAGE CERTIFICATE, CONTACT THE RECORDER OF DEEDS IN THE COUNTY WHERE THE LICENSE WAS ISSUED. |       |   | NUMBER OF COPIES (\$15 PER COPY) | TOTAL DUE                |
| PARTY A NAME ON RECORD  | FIRST | MIDDLE                                  | LAST BEFORE ANY MARRIAGE         | LAST AFTER THIS MARRIAGE |
| <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE   |       |   |                                  |                          |
| PARTY B NAME ON RECORD  | FIRST | MIDDLE                                  | LAST BEFORE ANY MARRIAGE         | LAST AFTER THIS MARRIAGE |
| <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE   |       |   |                                  |                          |
| DATE OF MARRIAGE (MM/DD/YYYY)   |       | WHERE LICENSE WAS ISSUED (CITY, COUNTY) |                                  |                          |

| DIVORCE STATEMENT   |       |  |                                  |                          |
|---|-------|--|----------------------------------|--------------------------|
| A DIVORCE STATEMENT IS NOT A DIVORCE DECREE. FOR A COPY OF A DIVORCE DECREE, CONTACT THE CIRCUIT CLERK'S OFFICE IN THE COUNTY WHERE THE DECREE WAS GRANTED. |       |  | NUMBER OF COPIES (\$15 PER COPY) | TOTAL DUE                |
| PARTY A NAME ON RECORD  | FIRST | MIDDLE                                 | LAST BEFORE ANY MARRIAGE         | LAST AFTER THIS MARRIAGE |
| <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE   |       |  |                                  |                          |
| PARTY B NAME ON RECORD  | FIRST | MIDDLE                                 | LAST BEFORE ANY MARRIAGE         | LAST AFTER THIS MARRIAGE |
| <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE   |       |  |                                  |                          |
| DATE DECREE ISSUED (MM/DD/YYYY)   |       | WHERE DECREE WAS ISSUED (CITY, COUNTY) |                                  |                          |

| SINGLE STATUS STATEMENT  |                        |        |                                  |   |
|--|------------------------|--------|----------------------------------|---|
| A STATEMENT OF SINGLE STATUS (NO IMPEDIMENT TO MARRIAGE) IS A DOCUMENT THAT VERIFIES WHETHER OR NOT AN INDIVIDUAL HAS ANY RECORDED MARRIAGES ON FILE IN THE STATE OF MISSOURI. |                        |        | NUMBER OF COPIES (\$15 PER COPY) | TOTAL DUE   |
| FULL NAME  | FIRST                  | MIDDLE | LAST                             | LAST BEFORE ANY MARRIAGE  |
| ANY PRIOR LEGAL NAME   | FIRST                  | MIDDLE | LAST                             | ANY ADDITIONAL PRIOR LEGAL NAME<br>FIRST MIDDLE LAST                            |
| DATE OF BIRTH (MM/DD/YYYY)   | PLACE OF BIRTH<br>CITY | COUNTY | STATE                            | COUNTRY<br>SEX<br><input type="checkbox"/> FEMALE <input type="checkbox"/> MALE |
| IF EVER MARRIED, LIST DATE(S) OF DIVORCE(S)  |                        |        |                                  |   |

| APPLICANT - THE INDIVIDUAL OR ENTITY REQUESTING A COPY OF A VITAL RECORD MUST COMPLETE THE FOLLOWING: |        |   |                       |                           |
|---|--------|---|-----------------------|---------------------------|
| APPLICANT'S FULL NAME   |        | APPLICANT'S PHONE NUMBER  |                       | APPLICANT'S EMAIL ADDRESS |
| FIRST   | MIDDLE | LAST  |                       |                           |
| APPLICANT'S STREET ADDRESS  |        | APT, FL, SUITE  | APPLICANT'S CITY/TOWN | APPLICANT'S STATE         |
|   |        |   |                       | APPLICANT'S ZIP           |
| PURPOSE FOR CERTIFICATE REQUEST   |        | YOUR RELATIONSHIP TO PERSON NAMED ON RECORD (IF LEGAL GUARDIAN, MUST PROVIDE GUARDIANSHIP PAPERS) IF LEGAL REPRESENTATIVE, INDICATE LEGAL RELATIONSHIP. |                       |                           |

**REMEMBER: ENCLOSE A SELF ADDRESSED STAMPED RETURN ENVELOPE, NECESSARY DOCUMENTS, AND FEES WITH YOUR REQUEST. ALL APPLICATIONS MUST BE SIGNED. MAIL-IN REQUESTS MUST BE NOTARIZED.**

SUBJECT TO THE PENALTY OF PERJURY, I DO SOLEMNLY DECLARE AND AFFIRM THAT I AM ELIGIBLE, PURSUANT TO CHAPTER 193. RSMO AND 19 CSR 10-10, TO RECEIVE A CERTIFIED COPY OF THE VITAL RECORD(S) REQUESTED ABOVE AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

|                             |   |                                      |
|-----------------------------|---|--------------------------------------|
| APPLICANT'S SIGNATURE       |   | DATE                                 |
| NOTARY PUBLIC EMBOSSER SEAL | STATE   | COUNTY                               |
|                             | SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME,<br>THIS _____ DAY OF _____, 20 _____ |                                      |
|                             | NOTARY PUBLIC SIGNATURE MY COMMISSION EXPIRES                                     |                                      |
|                             | NOTARY PUBLIC NAME (TYPED OR PRINTED)   |                                      |
|                             |   | USE RUBBER STAMP IN CLEAR AREA BELOW |