

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF VITAL RECORDS
AFFIDAVIT WHEN MOTHER IS DECEASED


COMPLETE IN BLACK INK **ONLY**. ANY FAX, PHOTO OR REPRODUCED COPIES OF THIS FORM WILL **NOT** BE ACCEPTED AND WILL BE RETURNED FOR THE ORIGINAL. WHITE-OUT, ERASURES AND TYPEOVERS OR WRITEOVERS ARE NOT ACCEPTABLE.


AFFIANT NAME	RELATIONSHIP TO DECEASED
MOTHER'S NAME	DATE OF DEATH
LOCATION OF DEATH (CITY AND STATE)	

This child's birth is registered in the Bureau of Vital Records, Jefferson City, Missouri, as:

CHILD'S NAME AT BIRTH	DATE OF CHILD'S BIRTH
CHILD'S BIRTHPLACE (CITY AND STATE)	

I do solemnly swear that prior to the mother's death, I heard her admit that the father of the child was:

CHILD'S NATURAL FATHER'S NAME	
MOTHER'S NAME AT BIRTH	DATE OF MARRIAGE TO FATHER OF CHILD
CHILD'S NAME SHOULD BE 	NAME (FIRST, MIDDLE, LAST)

MUST BE SIGNED IN PRESENCE OF NOTARY 

SIGNATURE OF AFFIANT

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

Below is the information necessary to establish an amended birth record for the child, showing its birth as legitimate.

MOTHER'S FULL MAIDEN NAME		
DATE OF MOTHER'S BIRTH	RACE <input type="checkbox"/> <input type="checkbox"/> WHITE HISPANIC <input type="checkbox"/> <input type="checkbox"/> BLACK OTHER (SPECIFY)	EDUCATION