



Sharon Quigley Carpenter

Pre-1910 Vital Records
Room 124, City Hall, 1200 Market Street
Saint Louis, Missouri 63103

CERTIFIED TRANSCRIPT APPLICATION PRE-1910 BIRTH REGISTER ENTRY ST. LOUIS CITY BIRTHS ONLY

INSTRUCTIONS

READ BIRTH REGISTER DETAILS @ stlouiscityrecorder.org Before Using Form

- **Type or Print All Information Legibly.**
- **Affix Copy of Applicant Photo ID.**
- **NONREFUNDABLE \$15.00 FEE** for each 5-year search using Birth Registrant information provided by Applicant (Customer) and, if record is found, 1 Certified Transcript will be issued.
- **NO PERSONAL CHECKS.** Payment must be made by Cash or Money Order/Business Check made out to: Vital Records.
- **MAIL-IN SERVICE--** Send this form completed, Payment, and Self-Addressed-Stamped-Envelope or add 50 cents to Payment for mailing.
- **WALK-IN SERVICE-- Pre-1910 St. Louis City Birth Records services subject to availability of Vital Records staff and customer volume.** Bring form completed and Payment.

APPLICANT (CUSTOMER) INFORMATION

Applicant Name:

First Name + Middle Name + Last Name

Applicant Day Phone: (____) _____

Applicant Address:

Street Number + Street Name + Apt. Number

City + State + Zip Code

Relationship of Applicant to Birth Registrant or Interest of Person Requesting Copy:

Purpose Certified Copy is to be used:

Applicant Signature:

Date: _____
Month + Day + Year

Affix Copy of Applicant Photo Identification Here

BIRTH REGISTRANT INFORMATION

Number of Transcripts of this Birth Register Entry Requested: _____

Birth Registrant Name:

First Name + Middle Name + Last Name

Sex: _____ **Race:** _____
Female or Male (race identification optional)

City of St. Louis

Place of Birth: City + County

Date of Birth: Month + Day + Year

Father's Name:

First Name + Middle Name + Last Name

Mother's Maiden Name (before Marriage):

First Name + Middle Name + Maiden Last Name