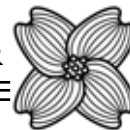




RULES OF
**Department of Health and Senior
Services**
Division 10—Office of the Director
Chapter 10—Vital Records

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**TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR
SERVICES**

**Division 10 – Office of the Director
Chapter 10 – Vital Records**

19 CSR 10-10.010 Birth

PURPOSE: This rule concerns recording of births for babies born in wedlock and out of wedlock.

(1) If the mother was married either at the time of conception or birth, the name of the husband shall be entered on the certificate as the father of the child unless paternity has been determined otherwise by a court of competent jurisdiction, in which case the name of the father, as determined by the court, shall be entered.

(2) If the mother was not married either at the time of conception or birth, the name of the father shall not be entered on the certificate of birth without the written consent of the mother and the person to be named as the father unless a determination of paternity has been made by a court of competent jurisdiction, in which case the name of the father, as determined by the court, shall be entered.

AUTHORITY: section 193.035, RSMo Supp. 1998. This rule was previously filed as 13 CSR 50-150.010 and 19 CSR 30-10.010. Original rule filed July 16, 1965, effective July 26, 1965. Changed to 19 CSR 10-10.010 July 30, 1998. Amended: Filed March 12, 1999, effective Sept. 30, 1999.*

**Original authority: 193.035, RSMo 1984, amended 1993, 1995.*

19 CSR 10-10.020 Vital Records Issuance

PURPOSE: This rule authorizes local registrars to issue certifications of birth and death records of events occurring in the state of Missouri.

(1) Who May Issue. Computer-generated certifications of birth and death records may be issued by the local registrar once the record has been registered with the Bureau of Vital Records. Permission to issue certifications grants validity and legality to the certifications when not in conflict with the laws of this state.

(2) Confidentiality. The state registrar and local registrars shall request the signature, relationship to the person named on the record, the reason for the record of each applicant for a birth or death certification, and shall require identification of the applicant or when a copy is requested by mail, a notarized statement shall be required. If the applicant is under the age of eighteen (18) years old, the signature of a parent or legal guardian shall be substituted. An exception to this rule shall be made when a governmental agency is obtaining information for protection of the public interest. The signature, title of the agent, name of agency, and employee identification shall be required.

(3) Responsibility of Applicant. The burden of proper and adequate identification of a record in the files of the Bureau of Vital Records shall rest upon the applicant for the record. In a contested case, the burden of proof that an individual is authorized under Chapter 193, RSMo, to obtain a copy of all or any part

of a vital record shall rest upon the applicant for the record. The state registrar or local registrars at all times may request additional information to support the demand of an applicant whose request for a copy appears not to be in accordance with the law.

AUTHORITY: section 193.035, RSMo 2016. This rule was previously filed as 13 CSR 50-150.020 and 19 CSR 30-10.020. Original rule filed March 6, 1951, effective March 16, 1951. Changed to 19 CSR 10-10.020 July 30, 1998. Amended: Filed March 12, 1999, effective Sept. 30, 1999. Amended: Filed Jan. 11, 2023, effective July 30, 2023.*

**Original authority: 193.035, RSMo 1984, amended 1993, 1995.*

19 CSR 10-10.030 Filing a Delayed Birth Certificate

PURPOSE: This rule sets up a procedure for filing delayed birth certificates.

(1) The following is the procedure for filing a delayed birth certificate for a child before s/he reaches his/her twelfth birthday:

- (A) The child must be born in Missouri;
- (B) There must be no prior certificate on file in the Bureau of Vital Records which can reasonably be presumed to belong to the child; and
- (C) The registration shall be on current certificates of live birth. The basic procedure shall be as nearly as practicable the same as for filing a current live birth certificate.

(2) The following is the procedure for filing a delayed birth certificate for a person who has passed his/her twelfth birthday: The attached four (4)-page form entitled Application to Record a Birth After Twelfth Birthday shall be used in accordance with the instructions contained in the form.



MISSOURI DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

APPLICATION TO RECORD BIRTH AFTER 12th BIRTHDAY

P.O. BOX 570
JEFFERSON CITY, MISSOURI 65102

INSTRUCTIONS: This application is sent in response to a request for a certified copy of a birth certificate when no record can be found. Certified copies are \$10.00 each. An additional fee of \$10.00 is also required for processing. Your check or money order should be made payable to *Missouri Department of Health*.

USE ONLY PERMANENT BLACK INK or RIBBON ON THIS FORM. Print or type everything except signatures. **DO NOT MARK OUT, erase or trace over or use white out. SEE COMPLETE INSTRUCTIONS ON PAGE 3.**

THIS APPLICATION WILL BECOME YOUR DELAYED CERTIFICATE OF BIRTH WHEN ACCEPTED AND FILED BY THE BUREAU OF VITAL RECORDS.

DO NOT WRITE IN SPACE FOR CERTIFICATE NO.

| | | | |
|--|-----|--|--|
| MISSOURI DEPARTMENT OF HEALTH VITAL RECORDS | | DELAYED OR SPECIAL CERTIFICATE OF BIRTH NO. ▶ | |
| FULL NAME AT BIRTH (FIRST, MIDDLE, LAST) | | DATE OF BIRTH (MONTH, DAY, YEAR) | |
| RACE | SEX | BIRTHPLACE (CITY OR TOWN, COUNTY, STATE) | |
| FATHER: FULL NAME | | BIRTHPLACE (STATE OR COUNTRY) | |
| MOTHER: (FIRST, MIDDLE, MAIDEN) | | BIRTHPLACE (STATE OR COUNTRY) | |

AFFIDAVIT: I have reviewed and hereby declare upon oath that the above statements are true.

| | | |
|---|------------------------------|--|
| MUST BE SIGNED IN PRESENCE OF NOTARY ▶ | REGISTRANT'S OWN SIGNATURE | ADDRESS |
| | NOTARY PUBLIC EMBOSSEER SEAL | STATE OF |
| SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 19 | | USE RUBBER STAMP IN CLEAR AREA BELOW. |
| NOTARY PUBLIC SIGNATURE | MY COMMISSION EXPIRES | |
| NOTARY PUBLIC NAME (TYPED OR PRINTED) | | |

▶ **DO NOT WRITE BELOW THIS LINE** **ABSTRACT OF SUPPORTING EVIDENCE** **DO NOT WRITE BELOW THIS LINE** ◀

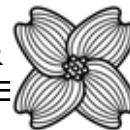
| NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND SIGNED) | DATE ORIGINAL DOCUMENT WAS MADE |
|---|---------------------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT

| BIRTH DATE OR AGE | BIRTHPLACE | NAME OF FATHER | NAME OF MOTHER |
|-------------------|------------|----------------|----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

ADDITIONAL INFORMATION

| | |
|--|---|
| REVIEWER'S STATEMENT: I hereby certify that I have reviewed the evidence submitted in support of the above affidavit and that the preceding abstract is taken from this evidence. | FILED in the Dept. of Health, Jefferson City, MO, on |
| REVIEWER'S SIGNATURE (VITAL RECORDS) | DATE |



SUPPORTING AFFIDAVIT *(The person completing this Affidavit **MUST** be **OLDER** than the registrant, but **NOT** necessarily present at the birth.)*

I, _____, of lawful age,
being first duly sworn, testify and say that I am _____ years of age; that I am well acquainted with
_____ and have known **him/her** for more than _____ years last past;
BIRTH NAME OF REGISTRANT
that, at the time I first knew **him/her, he/she** was _____ years of age. I verily believe that **he/she** was
born in _____ on _____
CITY OR TOWN AND STATE MONTH, DAY, YEAR

I remember the date and place of **his/her** birth because (state some fact or incident that enables you to recall the birth date and birth place): _____

| | | | | |
|---|---|---|--|--------------------------------------|
| <small>AFFIANT NAME (PRINT OR TYPE)</small> | | <small>RELATIONSHIP TO REGISTRANT</small> | | |
| <small>ADDRESS (STREET & NUMBER, CITY, STATE)</small> | | | | |
| MUST BE SIGNED IN PRESENCE OF NOTARY ▶ | | <small>AFFIANT SIGNATURE</small> | | |
| <small>NOTARY PUBLIC EMBOSSER SEAL</small> | <small>STATE</small> | | <small>COUNTY</small> | |
| | <small>SUBSCRIBED AND SWORN BEFORE ME, THIS</small> | | USE RUBBER STAMP IN CLEAR AREA BELOW. | |
| | <small>DAY OF</small> | | | 19 |
| | <small>NOTARY PUBLIC SIGNATURE</small> | | | <small>MY COMMISSION EXPIRES</small> |
| <small>NOTARY PUBLIC NAME (TYPED OR PRINTED)</small> | | | | |

MO 580-0636 (7-95)

**INSTRUCTIONS TO FILE A DELAYED CERTIFICATE OF BIRTH IN MISSOURI**

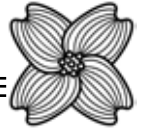
(Only a person who is now 12 years of age or older will use this form.)

1. AFFIDAVIT on Page 1:
 - a) Give the facts as of the time of your birth. (If you have been adopted, write to the Bureau of Vital Records for special instructions.)
 - b) Registrant must sign in present legal name in the presence of a notary public and include the notary's signature, date of signature and date of expiration of commission. (The notary should not be related to registrant.)
2. AFFIDAVIT on Page 2:
 - a) Have a parent prepare and sign the Supporting Affidavit before a notary public.
 - b) If both parents are deceased, have an OLDER relative or OLDER long-time acquaintance prepare the affidavit. This person must state how he came to know about your date and place of birth. (Not husband/wife.)
3. TWO DOCUMENTS (of different type) are required to verify your name, date and place of birth. (Suggested documents are found on page 4.)
 - a) Observe the following as each document must show:
 - * Your full correct name when you were born.
 - * Your correct date of birth, place of birth, and one document must give parents names.
 - * The source of the document (its name and location).
 - * The date the document was first made (filed). (The document must be over 5 years old.)
 - b) The older the document, the stronger it's probative value.
 - c) An altered document is not acceptable.
 - d) Personal knowledge affidavits are not accepted in lieu of documents.
4. Return your application, two documents, and proper fee. (Documents MUST accompany the application.)
 - a) A certified copy of the certificate, or any part of it, is \$10.00.
 - b) A fee of \$10.00 is required for processing.
 - c) Make check or money order payable to: Missouri Department of Health, Jefferson City, Missouri. Other forms of remittance at sender's risk.

ADDITIONAL INFORMATION

5. The Bureau of Vital Records was established in 1910. Delayed registration of persons born prior to 1910 was begun in 1931, and then only by request.
6. The Bureau of Vital Records has authorized NO ONE to represent it for handling delayed certificates. Do not give money to anyone who claims to be an agent of this office.
7. If you are 62 or over, contact the Social Security Board local office, your County Welfare Office, the Railroad Retirement Board, etc., regarding their requirements before submitting your application to the Bureau.
8. Every state has a procedure to file a delayed birth certificate. You should make every effort to file in your state of birth.
9. A **delayed birth certificate cannot be filed for a deceased person.** (His death certificate gives all the data which would appear on his delayed birth certificate. The death certificate also includes citizenship.)
10. A delayed certificate that is incorrect or inadequate can be changed by COURT ORDER ONLY.

(The delayed birth certificate application form and these instructions have been filed with the Missouri Secretary of State to conform with law.)



SUGGESTED DOCUMENTS

(Send two)

1. Baptismal, Cradle Roll, or other Church Record

If the registrant does not have such a record, he should write to the present pastor of the church where the record was created. If the record is in a foreign language, the essential information should be translated. The officer holding the record shall certify to the facts, using his official title and seal, or letterhead. The name, date of birth or age must appear on the record.

2. Physician's, Dentist, Optometrist, or Hospital Record

Can be either a copy of a record in their files or a statement on their stationery that states your full name, date of birth, name and address of the physician or hospital and date you were first seen by the doctor or admitted to the hospital. Document must be **over 5 years old**.

3. Child's Birth Record

Must be obtained from the State Vital Records Office in the state the child was born. Must show your full name, age, place of birth, child's full name, child's birthdate, state file number and must bear the state seal. Hospital birth records are not acceptable. Document must be **over 5 years old**. If an amendment has been made on the child's birth record, the amendment must be **over 5 years old**.

4. Insurance Policy (Life, Health and Accident, Hospital, Burial Benefits, etc.)

Most insurance policies are excellent documents since they usually carry the registrant's name, exact date and place of birth and date policy application was made. Be sure your policy is five or more years old. If the policy is not now in your possession for any reason, write the Company for the information you need. **DO NOT SEND A STATEMENT BASED ON A POLICY UNLESS IT IS PREPARED BY THE COMPANY'S AGENT FROM HIS RECORDS.** An affidavit regarding a policy cannot be accepted. Policy must give name and address of company.

5. Military Record

Must show your full name, date of birth, place of birth, date you entered the service, your service number and the date you were discharged. Document must be **over 5 years old**.

6. School Record or School Enumeration Record

Applicant may be able to obtain a record from the superintendent of the school attended, the county superintendent of schools or the county clerk. The record must show the age or date of birth, birthplace, date record was prepared. The officer holding the record shall certify to these facts, using his official title and seal, or letterhead.

7. Employment Application

Can be either a copy of the records in their files or a statement on their stationery that states your full name, date of birth, date you applied for the job or the date you were hired, and the company's name and address. This may be obtained from their Personnel Office. Document must be **over 5 years old**.

8. Voters Registration Application

Obtained from the County Clerk's Office. Must show your full name, date of birth, place of birth, county and state registered in and the date you registered. Document must be **over 5 years old**.

9. Social Security Numident

This is a computer print-out of the application that you completed at the time you applied for your Social Security Number and can be obtained from your local Social Security Office.

10. Marriage License (Application)

Obtained from the Recorder of Deeds Office in the county you obtained your marriage license. Must show your full name, age, date applied, county and state where you obtained your license and must be **over 5 years old**.

11. Many, many more acceptable records are available. If you have two that fit your affidavit on Page 1, send them for review. Driver's licenses, fraternal order membership APPLICATIONS, U.S. Passport, are a few other suggestions. Rarely does a registrant fail to have available several acceptable documents.



AUTHORITY: section 193.035, RSMo Supp. 1998.* This rule was previously filed as 13 CSR 50-150.030 and 19 CSR 30-10.020. Original rule filed Sept. 6, 1955, effective Sept. 16, 1955. Changed to 19 CSR 10-10.010 July 30, 1998. Amended: Filed March 12, 1999, effective Sept. 30, 1999.

*Original authority: 193.035, RSMo 1984, amended 1993, 1995.

19 CSR 10-10.040 Filing a Certificate of Live Birth

PURPOSE: This rule prescribes a time for the recording of births and clarifies the procedure, including births not attended by a licensed physician or midwife.

(1) Any physician, midwife or other legally authorized person in attendance at a birth must file a birth certificate within seven (7) days after the date of birth.

(2) If the birth was not attended, one (1) of the parents must file a birth certificate within seven (7) days after the date of birth.

(3) The birth certificate shall include the following items: registration district number; registrar's number; child's name, date of birth, time of birth, sex; city, town or location of birth; county of birth; place of birth; if residence (home) birth, was it planned that way; facility name; certifier signature, date signed, certifier's name and title; attendant's name and title, attendant's Missouri license number, attendant's mailing address; registrar's signature, date signed by registrar; mother's name, maiden surname, date of birth, birthplace, residence – state, county, city, town or location, street and number; inside city limits – yes or no; years living at present address; mother's mailing address; father's name, date of birth; birthplace; signature of parent or other informant, relation to child; permission given to provide Social Security Administrative (SSA) with the necessary birth information to issue Social Security number – yes or no; mother of Hispanic origin – no or yes – specify; father of Hispanic origin – no or yes – specify; race of mother; race of father; education – mother; education – father; mother participated during pregnancy (check all that apply); live births now living; live births now dead; date of last live birth; other terminations; date of last termination; mother married to father – yes or no; date last normal menses began; month pregnancy prenatal care began; number of prenatal visits; birth weight; crown heel length; clinical estimate of gestation; plurality; if not single birth – specify; other risk factors for this pregnancy – tobacco use during pregnancy, alcohol use during pregnancy; mother's height; mother's weight before pregnancy; weight gained during pregnancy; apgar score; mother transferred from another facility or physician's office prior to delivery – yes or no; infant transferred – yes or no; mother's blood tested for syphilis; prophylactic drug used in baby's eyes; medical risk factors for this pregnancy; obstetric procedures; complications of labor, delivery, or both; method of delivery; abnormal conditions of the newborn; and congenital anomalies of child.

(4) A live birth certificate shall be filed for any child showing any evidence of life such as breathing, action of heart or movement of voluntary muscles, after the child is entirely outside of the mother, even if the cord is uncut and the placenta is still attached.

AUTHORITY: section 193.085, RSMo 1986.* This rule was previously

filed as 13 CSR 50-150.040 and 19 CSR 30-10.040. Original rule filed March 13, 1958, effective March 23, 1958. Amended: Filed Nov. 4, 1977, effective Feb. 11, 1978. Rescinded and readopted: Filed Sept. 12, 1988, effective Jan. 1, 1989. Changed to 19 CSR 10-10.040 July 30, 1998.

*Original authority: 193.085, RSMo 1984, amended 1997.

19 CSR 10-10.050 Death Certificate Form

PURPOSE: This rule establishes the content of the death certificate for each death in this state to be filed with the Department of Health.

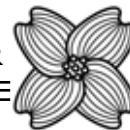
(1) The death certificate shall include the following items: registration district number; registrar's number; decedent's name, sex, date of death, Social Security number, age (under 1 year – months and days – under 1 day – hours, minutes), date of birth, birthplace, was decedent ever in United States armed forces – yes, no or unknown; place of death – hospital (specify inpatient, emergency room (ER)/outpatient or dead on arrival (DOA)) or other (specify nursing home, residence or other); facility name; city, town or location of death; county of death; marital status; surviving spouse's name; decedent's usual occupation; kind of business or industry; residence – state, county, city town or location – zip code, street and number, inside city limits, years at present address; was decedent of Hispanic origin – no or yes – specify; race; decedent's education; father's name, mother's name; informant's name, mailing address; burial, cremation or other (specify); date of disposition; place of disposition; location; signature of funeral service licensee or person acting as such; name and address of facility; funeral establishment license number; immediate cause and underlying causes of death and approximate interval between onset and death; other significant conditions contributing to death; if deceased was female 10–49, was she pregnant in the last 90 days – yes, no or unknown; was autopsy performed – yes or no; were autopsy findings available prior to completion of cause of death – yes or no; manner of death; date of injury; time of injury; injury at work – yes, no or unknown; describe how injury occurred; check whether certifying physician or medical examiner/coroner; signature and title of certifier; date signed; time of death; name and address of certifier, Missouri license number; case referred to medical examiner/coroner – yes or no; name of attending physician if other than certifier; registrar's signature; and date received by local registrar.

AUTHORITY: section 193.145, RSMo 2000.* This rule was previously filed as 13 CSR 50-150.050 and 19 CSR 30-10.050. Original rule filed Nov. 4, 1977, effective Feb. 11, 1978. Rescinded and readopted: Filed Sept. 12, 1988, effective Jan. 1, 1989. Changed to 19 CSR 10-10.050 July 30, 1998. Amended: Filed Oct. 2, 2002, effective March 30, 2003.

*Original authority: 193.145, RSMo 1984, amended 1989, 1997.

19 CSR 10-10.060 Report of Fetal Death

PURPOSE: This rule establishes the content of the report of fetal death to be filed with the Department of Health for each fetal death in this state.



(1) The report of fetal death shall include the following items: registration district number; registrar's number; fetus name; city, town or location of delivery; county of delivery; date of delivery; sex of fetus; place of delivery; if residence (home) delivery, was it planned that way – yes or no; facility name; mother's name, maiden surname, date of birth, residence (state, county, city, town or location), zip code, street and number, inside city limits – yes or no, years living at present address; father's name, date of birth; immediate and underlying cause of death and specify if cause is fetal or maternal; other significant conditions; fetus died before labor, during labor or delivery or unknown (specify); attendant's name and title, Missouri license number; name and title of person completing report; burial, cremation, other (specify); cemetery or crematory, location (city or town, state); date; name and address of facility; informant; registrar's signature; date received by local registrar; mother of Hispanic origin – no or yes; father of Hispanic origin – no or yes; mother's race; father's race; mother's education; father's education; mother participated during pregnancy (check all that apply); live births – now living; live births – now dead; date of last live birth; other terminations, date of last other termination; was mother married to father – yes or no; date last normal menses began (month, day, year); month pregnancy prenatal care began (specify); prenatal visits (total number); birth weight; crown heel length; clinical estimate of gestation (weeks); plurality (specify); if not single birth – born first, second, third, etc. (specify); mother transferred from another facility or physician's office prior to delivery – yes or no and if yes enter name of facility; medical risk factors for this pregnancy (check all that apply); other risk factors for this pregnancy (complete all items); obstetric procedures (check all that apply); complications of labor or delivery or both (check all that apply); method of delivery (check all that apply); congenital anomalies of child (check all that apply).

*AUTHORITY: section 193.165, RSMo 1986. * This rule was previously filed as 13 CSR 50-150.060 and 19 CSR 30-10.060. Original rule filed Nov. 4, 1977, effective Feb. 11, 1978. Rescinded and readopted: Filed Sept. 12, 1988, effective Jan. 1, 1989. Changed to 19 CSR 10-10.060 July 30, 1998.*

**Original authority: 193.165, RSMo 1984.*

19 CSR 10-10.070 Certificate of Dissolution of Marriage

PURPOSE: This rule establishes the content of the certificate of dissolution of marriage for dissolutions granted by any court in this state to be filed with the Department of Health.

(1) The certificate of dissolution of marriage shall include the following items: case number; husband's name, residence (city, town or location), state, zip code, county, date of birth, birthplace; wife's name, maiden surname, residence (city, town or location), state, zip code, county, date of birth, birthplace, place of marriage (city, town or location), county, state or foreign country; date of this marriage; date couple last resided in same household; number of children under eighteen (18) in this household as of the date the couple last resided in same household; petitioner (check appropriate box); name of petitioner's attorney; address of attorney; date of dissolution (month, day, year); type of decree (check appropriate box); date recorded; number of children under eighteen (18) whose physical custody was awarded to (designate in appropriate spaces); child support was awarded to (check appropriate box);

county of decree; title of court; signature of certifying official; title of certifying official; number of this marriage – husband; number of this marriage – wife; husband – if previously married, last marriage ended by (check box) and date; wife – if previously married, last marriage ended by (check box) and date; husband's race; wife's race; husband's education; wife's education.

*AUTHORITY: section 193.205, RSMo 1986. * This rule was previously filed as 19 CSR 30-10.070. Original rule filed Sept. 12, 1988, effective Jan. 1, 1989. Changed to 19 CSR 10-10.070 July 30, 1998.*

**Original authority: 193.205, RSMo 1984, amended 1996.*

19 CSR 10-10.080 Report of Marriage

PURPOSE: This rule establishes the content of the report of marriage for each marriage performed in this state to be filed with the Department of Health.

(1) The report of marriage shall include the following items: license number; groom's name, age last birthday, date of birth, birthplace, residence (city, town or location), state, zip code, county, number of this marriage if previously married, last marriage ended by (check appropriate box), date ended, race, education; bride's name, maiden surname, age last birthday, date of birth, birthplace, residence (city, town or location), state, zip code, county, number of this marriage if previously married, last marriage ended by (check appropriate box) and date ended, race, education; groom's signature; bride's signature; month, day, year and time subscribed to and sworn to; county of recording; date and time license issued; name of recorder of deeds; signature and title of official; date ceremony performed; where married – city, town or location; where married – county; name of parent or legal guardian of groom (if minor), relationship to applicant, address of parent or legal guardian of groom, state, zip code, signature of parent or legal guardian; name of parent or legal guardian of bride (if minor), relationship to applicant, address of parent or legal guardian of bride, state, zip code, signature of parent or legal guardian; month, day and year subscribed to and sworn to; signature and title of official.

*AUTHORITY: section 193.185, RSMo 1986. * This rule was previously filed as 19 CSR 30-10.070. Original rule filed Sept. 12, 1988, effective Jan. 1, 1989. Changed to 19 CSR 10-10.080 July 30, 1998.*

**Original authority: 193.185, RSMo 1984.*

19 CSR 10-10.090 Access to Vital Records

PURPOSE: This rule protects the integrity of vital records and the personal privacy of the registrants and determines who is entitled to receive copies or information from vital records.

(1) The state registrar of vital records or the custodian of permanent local vital records shall not permit anyone to disclose information contained in vital records, or to copy or issue a copy of all or part of any vital records except as authorized in this rule.

(A) As authorized by section 193.255.1, RSMo 1986, the registrant, a member of his/her immediate family, his/her guardian or one (1) of their respective official representatives



shall be considered to have a direct and tangible interest and may be issued a certified copy of a vital record. Others may demonstrate a direct and tangible interest when information is needed for determination or protection of personal or property rights.

1. Applicants requesting records shall furnish adequate identifying information contained on the record to insure the correct record is being released.

2. The term immediate family shall include those family members and in-laws in the direct line of descent up to, but not including, cousins. Immediate family members are eligible to receive copies of birth certificates.

3. All family members, genealogists representing a family member and professionally recognized genealogists are eligible to receive copies of death certificates.

4. The term official representative shall include an attorney, physician, funeral director or other authorized agent acting in behalf of the registrant or his/her family. An other authorized agent shall produce a signed statement by the registrant or a member of his/her family authorizing the release of a record. A funeral director may act as the official representative of a family to obtain copies of death certificates only.

5. A guardian may receive a copy of the birth certificate of a child who is under his/her care and custody by showing guardianship papers.

6. Foster parents may receive a copy of a birth certificate of a child who is under their care and custody upon furnishing a copy of their custody papers.

7. A stepparent may receive a copy of a certificate of a legitimate birth by stating relationship.

8. An alleged father of a child may not receive a copy of that child's birth records unless he is shown as the father on that record.

9. Whenever it shall be deemed necessary to establish an applicant's right to information from a vital record, the state registrar or local custodian also may require identification of the applicant or a notarized sworn statement.

(B) As authorized by section 193.245(3), RSMo (1986), the state registrar of vital records may authorize the disclosure of information contained in vital records for legitimate research purposes.

1. The term legitimate means conforming to or in accordance with generally accepted standards or principles governing research.

2. The term research means a systematic study designed to develop or contribute to generalizable knowledge. The term generalizable means to emphasize the general character rather than specific details of, to formulate general principles or inferences from particulars.

3. No data shall be furnished from records for research purposes until the state registrar of vital records has received and approved a formal request for the research project. The request shall be approved only if adequate assurances are provided to assure that the research is legitimate and to protect the confidentiality of the records requested. These assurances include, but are not limited to:

A. Security measures shall limit access to the records to members of the research staff;

B. Any release of records to other agencies shall be only with prior approval from the state registrar;

C. Individuals shall not be identified in published data;

D. Upon completion of a study, the records shall be destroyed or adequate security provided to prevent access or disclosure; and

E. A registrant or his/her family members or acquaintances

shall not be contacted without written permission from the state registrar.

(C) To comply with sections 192.067 and 610.021(14), RSMo Cum. Supp. 1989, nothing in this rule shall be construed to permit disclosure of information contained in the confidential Information for Medical and Health Use Only section of a vital record unless specifically authorized by the state registrar of vital records or by a court of competent jurisdiction.

(D) As authorized by section 193.255.4, RSMo 1986, the state registrar or the local custodian may furnish – when deemed in the public interest and not for purposes of commercial solicitation or private gain – copies of records or data from records to public agencies administering health, welfare, safety, law enforcement, education or public assistance programs, and to private agencies approved by the state registrar. Subject to the limitations of this rule, confidential verification of the facts contained in a vital record may be furnished by the state registrar of vital records or the custodian of permanent local vital records to any federal, state, county or municipal government agency. These confidential verifications shall be on forms prescribed and furnished by the state or local registrar of vital records or on forms furnished by the requesting agency and acceptable to the state or local registrar; or the state registrar or the custodian of permanent local vital records may authorize the verification in other ways when it shall prove in the best interests of the office of the state or local registrar.

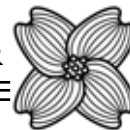
(E) Representatives of heir-tracing companies establishing personal or property rights and reporters for newspapers, radio, television or other news media when investigating news stories are allowed access to vital records subject to restrictions outlined in section 193.245, RSMo 1986. These representatives and reporters shall provide proper identification and state in writing the proposed use of the requested record.

1. To protect the integrity of the birth records and to enforce the provisions of sections 193.125 and 193.245(1), RSMo 1986, nothing in this rule shall be construed as authorization to permit reporters physical inspection of the original or permanent birth certificates or the birth indexes of the state or local registrar. Access shall be limited to searches conducted and copies made by the vital records staff. A fee as authorized by law shall be levied.

2. To protect the integrity of the death records, physical inspection of the original or permanent death certificates are prohibited. Access to death indexes shall be permitted under supervised conditions during normal working hours on regular work days. Authorization for physical access and inspection of death record indexes shall be approved by the vital records office in advance to insure availability of proper supervision and minimization of office disruption. The state or local registrar shall determine work area location and quantity of indexes made available at any one (1) time. Searches of death indexes conducted by reporters and representatives of heir-tracing companies do not require a fee. Copies of death records shall be made by vital records staff upon request of reporters or heir-tracing representatives. Copy fees as required by law will be levied. Cause of death information shall be released to the news media or heir-tracing companies only if the information is needed for their research and not for personal information.

(F) A listing of persons who are born or who die on a particular date may be disclosed upon request, but no information from the record other than the name and the date of the birth or death shall be disclosed. A fee may be charged to recapture the expense of generating these listings.

(G) When the state registrar of vital records or the custodian of permanent local vital records finds evidence that a



certificate was registered or application or request was made through misrepresentation or fraud, s/he shall have authority to withhold the issuance of a copy of the certificate until a court determination of the facts has been made.

(H) Nothing in this rule shall be construed as authorization to permit access to or inspection of the vital records or indexes in the vital records offices by any person other than the state or local custodian or his/her employees unless otherwise authorized in this rule.

AUTHORITY: sections 192.067, 193.145, 193.255.1, 193.255.4 and 610.021(5), RSMo Supp. 1989 and 193.155, RSMo 1986. This rule was previously filed as 19 CSR 30-10.090. Original rule filed Nov. 14, 1988, effective Jan. 27, 1989. Amended: Filed June 14, 1989, effective Sept. 11, 1989. Amended: Filed June 4, 1990, effective Dec. 31, 1990. Changed to 19 CSR 10-10.090 July 30, 1998.*

**Original authority: 192.067, RSMo 1988; 193.145, RSMo 1984, amended 1989; 193.255, RSMo 1984; 193.155, RSMo 1984 and 610.021, RSMo 1987.*

19 CSR 10-10.100 Authorization for Cremation

PURPOSE: This rule establishes procedures required prior to cremation of a dead human body.

(1) If the cause of death can be established within seventy-two (72) hours after death, a completed death certificate certifying the cause of death as determined by the medical examiner/coroner or physician shall be delivered or mailed to the local registrar of the county where the death occurred before a body is cremated.

(2) If a completed death certificate cannot be filed because the cause of death has not been determined, the medical examiner/coroner or physician certifying the cause of death shall give the funeral director notice of the reason for the delay. A body shall not be cremated until written authorization by the medical examiner/coroner or physician is received by the funeral director. This authorization shall be a signed statement which identifies the deceased and authorizes final disposition by cremation.

(3) Management of a crematory shall require from an authorized funeral home representative presenting a body for cremation a signed statement which identifies the deceased and which states that –

(A) A completed death certificate has been filed with the local registrar where the death occurred; or

(B) The funeral director has received a written authorization to cremate the body from the medical examiner/coroner or physician who will be certifying the cause of death.

AUTHORITY: sections 193.145 and 193.175, RSMo 1986. This rule was previously filed as 19 CSR 30-10.100. Original rule filed July 15, 1991, effective Jan. 13, 1992. Changed to 19 CSR 10-10.100 July 30, 1998.*

**Original authority: 193.145, RSMo 1984, amended 1989 and 193.175, RSMo 1984.*

19 CSR 10-10.110 Amending Vital Records

PURPOSE: This rule identifies when an affidavit is appropriate to amend a vital record and when a court order is required.

(1) A request for correction(s) of a certificate shall be made to the Bureau of Vital Records. The request shall identify the certificate to be corrected by stating whether it is a birth, death or fetal death record; the name of the registered person; the date and place of the event; which items are omitted or in error; and the correct information for the items. The Bureau of Vital Records shall send a correction form to the applicant with instructions regarding who should sign and what documentary proof is required to support the correction requested.

(A) To correct an item(s) on a certificate, documentary evidence necessary to preserve the integrity of the certificate shall be required. Depending on the number of items to be corrected, more than one (1) document may be required. Corrections, other than those that are court ordered, require a notarized affidavit. Documentary evidence which supports the alleged facts shall be a filed document which shows, as a minimum, the correct full name and correct age or date of birth, and shall have been filed at least five (5) years prior to the date of application for the amendment. A filed document is defined as a record which is permanently maintained by an agency, organization or business and is accessible for verification at a later date.

(B) The burden of submitting proof is on the applicant. The state registrar shall determine whether the document submitted satisfactorily supports the correction requested. When the applicant cannot submit proper documentation, the applicant shall be notified of the deficiencies and given appeal rights to a court of competent jurisdiction.

(2) Major deficiencies on individual vital records shall be corrected by court order. The Bureau of Vital Records shall be furnished with a certified copy of an order from a court of competent jurisdiction directing them to make the desired correction. The order shall identify the record(s) as presently filed and direct the bureau as to the items to be corrected, amended or changed.

(A) Major deficiencies specifically requiring a court order are those that –

1. Amend year of birth on a birth record;
2. Amend a previously amended birth record corrected by court order, adoption or legitimation;
3. Amend an item previously amended by affidavit;
4. Amend the date of birth on a birth record when adequate documentation before the eleventh birthday is not available;
5. Completely change the mother's name on a birth record. The mother's first, middle and maiden name can be corrected by a notarized affidavit from the hospital's medical records department if the hospital prepared the original record in error. If the error was not made by the hospital, then one (1) of the recorded parents or the registrant, if of legal age, shall furnish a notarized affidavit requesting correction and a certified copy of the mother's birth record or a certified copy of the parent's marriage license or a certified statement of marriage from the recorder of deeds' office;
6. Completely change, on the birth record, the name of the natural parent or add the name of a parent when deceased;
7. Change, on the birth record, the surname of the registrant or the surname of the father by changing three (3) or more letters, or by changing one (1) or two (2) letters which results in a different pronunciation of the surname;
8. Change, on the death record, the surname of the deceased by changing three (3) or more letters or by changing one (1) or two (2) letters which results in a different pronunciation of the surname;



9. Change both the sex and registrant's name when the name appears to be that typically used for the opposite sex;

10. Amend a written signature (amended signature will be typed); or

11. Delete father's name on a legitimate birth record. To delete the father's name from a birth certificate, the court order shall find that he is not the natural father and then direct the Bureau of Vital Records to delete his name from the birth record. If the court also finds the natural father and the mother have been legally married, the birth certificate can be legitimated by the same court order. The order shall give the date and place of marriage. The order also shall give the natural father's full name, date of birth, state of birth, race, Social Security number, and the natural mother's date of birth and Social Security number to establish a new birth certificate by legitimation. If the child's name is to be changed to the father's name, the order also shall indicate the name change.

(3) The original certificate/office working copy of the birth, death or fetal death shall have the correction entered on its face by interlineation with a line drawn through the incorrect entries. It shall be marked amended. The date of amendment and a summary description of the evidence submitted in support of the amendment shall be endorsed on or made part of the record.

(4) Depending on the item(s) to be amended, those qualified to make application to change a record are the informant, midwife, physician, coroner, medical examiner and personnel from institutions, clinics and funeral homes who were responsible for filing the certificate.

(A) To amend a death certificate by affidavit, application may be made by the informant or the funeral director or person acting for the funeral director on the following items: decedent's first name, decedent's middle name, decedent's sex, decedent's date of death (affidavit of funeral home representative or certifier only), decedent's Social Security number, decedent's age, decedent's month of birth, decedent's day of birth, was decedent ever in United States armed forces?, place of death, marital status, surviving spouse's name (see paragraph (2)(A)8. of this rule), decedent's usual occupation and kind of business or industry, decedent's residence, decedent's origin and race, decedent's education, father's first name, father's middle name, mother's first name, mother's middle name. Informant's name, informant's mailing address, disposition information, name and address of funeral home and funeral establishment license number can be amended only by affidavit of funeral home representative. The medical information can be amended only by the medical certifier, coroner or medical examiner who certified the cause of death.

1. An affidavit is required to correct the spelling of a last name(s) except as provided in paragraph (2)(A)8. of this rule. Age, date of birth and surnames of mother, father and surviving spouse require one (1) document other than an insurance policy which gives the correct information. An affidavit is required to correct the age if the year is correct.

2. To correct all other items on a death certificate through the amendment process, documentary evidence considered necessary to preserve the integrity of the certificate shall be required.

(B) To amend a fetal death certificate, application may be made by informant, coroner, medical examiner or personnel from the hospital, clinic or funeral home who prepared the certificate.

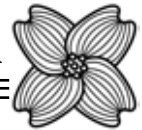
1. Except for medical information, the amendment process

is the same as for a birth or death certificate.

2. The medical information can be changed only by the medical certifier, coroner, medical examiner or personnel of the institution responsible for filing the certificate. Cause of death information can be amended only by the medical certifier, coroner or medical examiner.

3. To correct all other items on a fetal death certificate, documentary evidence considered necessary to preserve the integrity of the certificate shall be required.

(C) To amend a birth certificate, application may be made by one (1) of the parents, the legal guardian, the registrant, if of legal age, or the individual responsible for the filing of the certificate. An affidavit and any required supporting document shall be filed according to the requirements of the following chart:

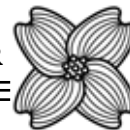


| Items Amended or Inserted | Affidavit of Registrant or Parent if <18 yrs. | Affidavit of Hospital or Attendant | Supporting Documentation | Other |
|--|---|------------------------------------|---|---|
| <i>If an item on this chart is marked with an "x", an affidavit or document is required as indicated. When both affidavit columns are marked with an "x", an affidavit will be accepted by either (1) registrant or parent if <18 yrs. or (2) hospital or attendant (only one affidavit is required).</i> | | | | |
| CHILD'S NAME | | | | |
| First, middle | x | x | x after age 11 | |
| Last | x | x | x see paragraph (2)(A)7. of this rule | Affidavit not required if court ordered. |
| Title | x | x | | |
| No name | x | x | x after age 11 | Document must show maiden name of married woman. |
| CHILD'S DATE OF BIRTH | | | | |
| Day, month | x | x | x document prior to 11th birthday if no hospital/attendant affidavit see paragraph (2)(A)1. of this rule | Affidavit not required if court ordered. |
| Year | | | | |
| CHILD'S TIME OF BIRTH | | x | | |
| CHILD'S SEX | | x | x see paragraph (2)(A)9. if does not require court order and-hospital and attendant affidavit are not available, a document and affidavit of registrant (parent if <18 yrs.) is acceptable. | Affidavit not required if court ordered. Court order if (1) sex changed by surgical procedure or (2) see paragraph (2)(A)9. of this rule. |
| MOTHER'S NAME | | | | |
| First, middle | x | x | x document if no hospital or attendant's affidavit. See paragraph (2)(A)5. of this rule. | |
| Last (legal) | x | x | x see paragraph (2)(A)7. of this rule. | Affidavit not required if court ordered. |
| Maiden | x | x | x see paragraph (2)(A)5. of this rule | Affidavit not required if court ordered. |
| MOTHER'S AGE | x | x | x document if no hospital or attendant affidavit. | |
| MOTHER'S DATE OF BIRTH | x | x | x document if no hospital or attendant affidavit | |
| MOTHER'S RACE | x | x | x document if no hospital or attendant affidavit | Mother's birth record is required document. |
| FATHER'S NAME | | | | |
| First, middle | x | x | x document if no hospital or attendant affidavit | |
| Last | x | x | x see paragraphs (2)(A)6., 7., and 9. of this rule, 19 CSR 30-10.1105 | |



| Items Amended or Inserted | Affidavit of Registrant or Parent if <18 yrs. | Affidavit of Hospital or Attendant | Supporting Documentation | Other |
|-----------------------------|---|------------------------------------|--|---|
| FATHER'S AGE/DATE OF BIRTH | x | x | x document if no hospital or attendant affidavit | Father's birth record and mother's and father's affidavit required when item is blank after court or paternity affidavit. |
| FATHER'S STATE OF BIRTH | x | x | x document if no hospital or attendant affidavit | Father's birth record and mother's and father's affidavit required when item is blank after court order or paternity affidavit. |
| FATHER'S RACE | x | x | x document if no hospital or attendant affidavit | Father's birth record is required document. |
| INFORMANT'S TYPED SIGNATURE | x | x | | |

- NOTE: 1. The medical information can be changed only by the medical certifier or personnel of the institution responsible for filing the certificate.
 2. To correct other items on a birth certificate, documentary evidence shall be required as is considered necessary to preserve the integrity of the certificate.
 3. Original documents for amending certificates are not required; copies are acceptable as supplemental proof.



*AUTHORITY: section 193.215, RSMo 1986. * This rule was previously filed as 19 CSR 30-10.110. Original rule filed Jan. 24, 1992, effective June 25, 1992. Changed to 19 CSR 10-10.110 July 30, 1998.*

**Original authority: 193.215, RSMo 1984.*

19 CSR 10-10.120 New Certificate Through Legitimation

PURPOSE: This rule defines the documentation required to legitimate a birth record.

(1) If the mother marries the natural father after the birth of their child, a new birth certificate can be created by the mother furnishing certified copies of her marriage license or marriage certification to the natural father. If the mother previously was married, certified copies of other marriage licenses or marriage certification also shall be furnished. Notarized affidavits shall be signed by the mother and father.

(A) If the father is deceased, a notarized affidavit is required from one (1) of the alleged father's parents or his brother or sister stating that s/he believes him to be the father of the child based on an oral or written statement of the man. A certified copy of the father's death certificate also is required.

(B) If the mother is deceased, an affidavit is required from one (1) of the mother's parents or her brother or sister stating that s/he believes the man to be the father of the child based on an oral or written statement of the man. A certified copy of the mother's death certificate also is required.

(2) A court-ordered legitimation shall be obtained when the requirements of section (1) of this rule cannot be met. The court shall find that the natural parents are or were legally married and state the date and place of marriage. The order also shall give the natural father's full name, date of birth, state of birth, race and Social Security number, and the natural mother's date of birth and Social Security number in order to establish a new birth certificate by legitimation. If the child's surname is to be changed to the father's surname, the order also shall indicate this change.

*AUTHORITY: section 193.135, RSMo 1986. * This rule was previously filed as 19 CSR 30-10.120. Original rule filed Jan. 24, 1992, effective June 25, 1992. Changed to 19 CSR 10-10.120 July 30, 1998.*

**Original authority: 193.135, RSMo 1984.*

19 CSR 10-10.130 Missouri Adoptee Rights

PURPOSE: This rule provides the process for an adoptee, an adoptee's attorney, and the birth parents of an adoptee to receive a copy of the adoptee's original birth certificate, the process for a birth parent and the adoptee to state his or her contact preference regarding whether and how the adoptee/birth parent can contact him or her, the process for completion of a medical history form by a birth parent, and the process for lineal descendants of a deceased adoptee to receive a copy of the adoptee's original birth certificate.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and

shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) For purposes of this rule only, unless the context clearly indicates otherwise, the following terms mean:

(A) "Adoptee," an adopted person who was born in Missouri and is at least eighteen (18) years of age;

(B) "Adoptee Contact Preference Form," a form used by an adoptee to indicate his or her preference about contact with the birth parent(s);

(C) "Applicant," the person completing application for a form or certificate as specified in this rule and may be the adoptee, adoptee's attorney, birth parent, or lineal descendant of a deceased adoptee;

(D) "Attorney," a currently-licensed member of the Missouri Bar or bar of another state of the United States;

(E) "Birth parent," the parent(s) identified on the adoptee's original birth certificate;

(F) "Birth Parent Contact Preference Form," a form used by a birth parent to indicate his or her preference about contact with the adoptee;

(G) "Birth Parent Medical History Form," a form used by a birth parent to provide his or her medical history information to the adoptee;

(H) "Department," the Missouri Department of Health and Senior Services;

(I) "Identifying information," the name, date of birth, place of birth, and last known address of the biological parent;

(J) "Intermediary," the person or agency identified by the birth parent or adoptee to act as a means of contact between the birth parent and adoptee;

(K) "Lineal descendant," a person who is in direct line to an ancestor, such as child, grandchild, great-grandchild, and so on, either by blood or legal adoption. This does not include a step-child or collateral descendant. Collateral descendants are those from the line of a brother, sister, aunt, or uncle;

(L) "Original birth certificate," the adoptee's registered birth certificate sealed upon court order at the time of adoption;

(M) "Redact," to obscure or remove identifying information.

(2) Birth Parent Contact Preference Form. A birth parent may state his or her preference for contact with the adoptee by completing a Cover Sheet for Birth Parent Contact Preference Form and a Birth Parent Contact Preference Form as published August 2018 which are incorporated by reference in this rule and may be obtained at www.health.mo.gov or by calling (573) 751-6387. This rule does not incorporate any subsequent amendments or additions. Completed forms may be delivered in person to the department at 930 Wildwood Drive, Jefferson City, Missouri, or by mail to the Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102.

(A) A birth parent shall provide to the department adequate information as requested on the Cover Sheet for Birth Parent Contact Preference Form so that the department can identify the correct sealed file in which to place the form. A birth parent shall also pay a non-refundable fee for processing the form and searching for the original birth record in an amount equal to the fee for a certified copy of a birth certificate. If the department is unable to identify the correct sealed file based upon the information provided by the birth parent on the Cover Sheet for Birth Parent Contact Preference Form, the department shall return the Cover Sheet for Birth Parent Contact Preference Form and the Birth Parent Contact Preference Form to the birth



parent.

(B) A birth parent may change his or her contact preference by completing a new Cover Sheet for Birth Parent Contact Preference Form and Birth Parent Contact Preference Form. A birth parent shall also pay a non-refundable fee for processing the form and searching for the original birth record in an amount equal to the fee for a certified copy of a birth certificate. The forms and fee shall be mailed or delivered to the department at the address listed in section (2) above. If the department is unable to identify the correct sealed file based upon the information provided by the birth parent on the Cover Sheet for Birth Parent Contact Preference Form, the department shall return the Cover Sheet for Birth Parent Contact Preference Form and the Birth Parent Contact Preference Form to the birth parent.

(C) A birth parent may request that an adoptee contact him or her only through an intermediary, rather than be contacted directly by the adoptee, as indicated by the birth parent on the Birth Parent Contact Preference Form. In this case, the birth parent shall write the name and contact information of the intermediary on the Birth Parent Contact Preference Form.

(D) If a birth parent has filed a Birth Parent Contact Preference Form with the department, the department shall provide a copy of the form to the adoptee, adoptee's attorney, or lineal descendant applicant.

(E) If a birth parent has filed more than one (1) Birth Parent Contact Preference Form, the department shall issue a copy of only the most recently dated Birth Parent Contact Preference Form to the adoptee, adoptee's attorney, or lineal descendant applicant.

(F) The Birth Parent Contact Preference Form issued to the adoptee, adoptee's attorney, or lineal descendant shall not include the Cover Sheet for Birth Parent Contact Preference Form.

(G) The department shall not issue a copy of the original birth certificate to the adoptee, adoptee's attorney, birth parent, or lineal descendant applicant when –

1. The applicant does not meet the requirements of section 193.128, RSMo, and this rule; or

2. Both birth parents have filed a Birth Parent Contact Preference Form indicating that they prefer not to be contacted or prefer contact through an intermediary.

(H) The department shall issue a non-certified, unredacted copy of the original birth certificate stamped "For genealogical purposes only-not to be used for establishing identity" upon request to a qualified adoptee, adoptee's attorney, birth parent, or lineal descendant applicant when –

1. The original birth certificate lists two (2) parents and neither birth parent has filed a Birth Parent Contact Preference Form;

2. The original birth certificate lists two (2) parents and both have filed a Birth Parent Contact Preference Form indicating he/she prefers to be contacted;

3. The original birth certificate lists two (2) parents and one (1) parent has filed a Birth Parent Contact Preference Form indicating that he/she prefers to be contacted and the other parent has not filed a Birth Parent Contact Preference Form;

4. The original birth certificate only lists one (1) parent and that parent has filed a Birth Parent Contact Preference Form indicating that he/she prefers to be contacted; or

5. The original birth certificate only lists one (1) parent and that parent has not filed a Birth Parent Contact Preference Form.

(I) The department shall issue a non-certified copy of the original birth certificate stamped "For genealogical purposes

only-not to be used for establishing identity" to the adoptee, adoptee's attorney, birth parent, or lineal descendant applicant with the identifying information redacted for the birth parent who indicated they prefer not to be contacted or preferred to be contacted by an intermediary when –

1. The original birth certificate only lists one (1) parent and that parent has filed a Birth Parent Contact Preference Form indicating that he/she prefers not to be contacted or prefers contact by an intermediary;

2. The original birth certificate lists two (2) parents and one (1) parent has filed a Birth Parent Contact Preference Form indicating that he/she prefers not to be contacted or prefers contact through an intermediary and the other parent has not filed a Birth Parent Contact Preference Form; or

3. The original birth certificate lists two (2) parents and one (1) parent has filed a Birth Parent Contact Preference Form indicating that he/she prefers not to be contacted or prefers contact through an intermediary and the other parent has filed a Birth Parent Contact Preference Form indicating that he/she prefers to be contacted.

(3) Birth Parent Medical History Form. A birth parent may provide or update his or her medical history by completing a Cover Sheet for Birth Parent Medical History Form and a Birth Parent Medical History Form as published August 2018 which are incorporated by reference in this rule and may be obtained at www.health.mo.gov or by calling (573) 751-6387. This rule does not incorporate any subsequent amendments or additions. Completed forms may be delivered in person to the department at 930 Wildwood Drive, Jefferson City, Missouri, or by mail to the Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102.

(A) A birth parent shall furnish to the department adequate information as requested on the Cover Sheet for Birth Parent Medical History Form so that the department can identify the correct sealed file in which to place the Birth Parent Medical History Form. If the department is unable to identify the correct sealed file based upon the information provided on the Cover Sheet for Birth Parent Medical History Form, the department shall return the Cover Sheet for Birth Parent Medical History Form and the Birth Parent Medical History Form to the birth parent.

(B) A birth parent may change or update the Birth Parent Medical History Form by completing a new Cover Sheet for Birth Parent Medical History Form and Birth Parent Medical History Form and delivering or mailing the forms to the department at the address listed in section (3) above.

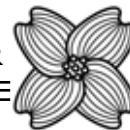
(C) A birth parent shall provide information regarding only him or herself, and his or her blood relatives, such as mother, father, sisters, brothers, grandparents, and other biological children on the Birth Parent Medical History Form.

(D) If a birth parent has filed more than one (1) Birth Parent Medical History Form, the department shall release to the applicant a copy of only the most recently dated form.

(E) The department shall not use the information on the Cover Sheet for Birth Parent Medical History Form or Birth Parent Medical History Form for statistical or any other purposes and shall not disclose the information to anyone other than the adoptee, adoptee's attorney, or lineal descendant applicant.

(F) The copy of the Birth Parent Medical History Form issued to the adoptee, adoptee's attorney, or lineal descendant shall not include the Cover Sheet for Birth Parent Medical History Form.

(4) Adoptee Contact Preference Form. An adoptee may state



his or her preference for contact with the birth parent(s) by completing a Cover Sheet for Adoptee Contact Preference Form and an Adoptee Contact Preference Form as published August 2018 which are incorporated by reference in this rule and may be obtained at www.health.mo.gov or by calling (573) 751-6387. This rule does not incorporate any subsequent amendments or additions. Completed forms may be delivered in person to the department at 930 Wildwood Drive, Jefferson City, Missouri, or by mail to the Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102.

(A) An adoptee shall provide to the department adequate information as requested on the Cover Sheet for Adoptee Contact Preference Form so that the department can identify the correct sealed file in which to place the form. An adoptee shall also pay a non-refundable fee for processing the form and searching for the original birth record in an amount equal to the fee for a certified copy of a birth certificate. If the department is unable to identify the correct sealed file based upon the information provided by the adoptee on the Cover Sheet for Adoptee Contact Preference Form, the department shall return the Cover Sheet for Adoptee Contact Preference Form and the Adoptee Contact Preference Form to the adoptee.

(B) An adoptee may change his or her contact preference by completing a new Cover Sheet for Adoptee Contact Preference Form and Adoptee Contact Preference Form. An adoptee shall also pay a non-refundable fee for processing the form and searching for the original birth record in an amount equal to the fee for a certified copy of a birth certificate. The forms and fee shall be mailed or delivered to the department at the address listed in section (4) above. If the department is unable to identify the correct sealed file based upon the information provided by the adoptee on the Cover Sheet for Adoptee Contact Preference Form, the department shall return the Cover Sheet for Adoptee Contact Preference Form and the Adoptee Contact Preference Form to the adoptee.

(C) An adoptee may request that a birth parent contact him or her only through an intermediary, rather than be contacted directly by the birth parent, as indicated by the adoptee on the Adoptee Contact Preference Form. In this case, the adoptee shall write the name and contact information of the intermediary on the Adoptee Contact Preference Form.

(D) If an adoptee has filed an Adoptee Contact Preference Form with the department, the department shall provide a copy of the form to the birth parent and lineal descendant applicant.

(E) If an adoptee has filed more than one (1) Adoptee Contact Preference Form, the department shall issue a copy of only the most recently dated Adoptee Contact Preference Form to the birth parent or lineal descendant applicant.

(F) The Adoptee Contact Preference Form issued to the birth parent and lineal descendant applicant shall not include the Cover Sheet for Adoptee Contact Preference Form.

(5) Adoptee, Adoptee's Attorney, and Birth Parent Request for Original Birth Certificate. An adoptee, adoptee's attorney, or birth parent may request a copy of the adoptee's original birth certificate by completing an Application for Non-Certified Copy of an Original Birth Certificate by Adoptee, Adoptee's Attorney, or Birth Parent form which is incorporated by reference in this rule as published August 2018 and may be obtained at www.health.mo.gov or by calling (573) 751-6387. This rule does not incorporate any subsequent amendments or additions. The application shall include a non-refundable fee in an amount equal to the fee for a certified copy of a birth certificate. Completed forms and fees may be delivered in

person to the department at 930 Wildwood Drive, Jefferson City, Missouri, or by mail to the Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102.

(A) If the adoptee's attorney submits the Application for Non-Certified Copy of an Original Birth Certificate by Adoptee, Adoptee's Attorney, or Birth Parent form, the attorney shall provide the department with a statement signed by the adoptee or other documentation establishing the attorney's authority to act on behalf of the adoptee.

(B) The applicant shall furnish to the department adequate information as requested on the Application for Non-Certified Copy of an Original Birth Certificate Adoptee, Adoptee's Attorney, or Birth Parent form so that the department can identify the correct sealed file containing the original birth certificate.

(C) The department shall issue copies of the original birth certificate to the adoptee, adoptee's attorney, or birth parent(s) as provided in subsections (2)(G)-(I) of this rule. If the department cannot locate the original birth certificate, the department shall issue to the applicant a written statement that no record was found.

(D) The copy of the original birth certificate issued to the adoptee, adoptee's attorney, or birth parent applicant shall be stamped "For genealogical purposes only – not to be used for establishing identity."

(E) If the adoptee's birth parent(s) have provided a Birth Parent Contact Preference Form or Birth Parent Medical History Form to the department, the department shall provide a copy to the adoptee, adoptee's attorney, or lineal descendant applicant.

(6) Lineal Descendant Request for Original Birth Certificate. Lineal descendants of a deceased adoptee may request a copy of the adoptee's original birth certificate by completing an Application for Non-Certified Copy of an Original Birth Certificate by Lineal Descendant form which is incorporated by reference in this rule as published August 2018 and may be obtained at www.health.mo.gov or by calling (573) 751-6387. This rule does not incorporate any subsequent amendments or additions. The application shall include a non-refundable fee in an amount equal to the fee for a certified copy of a birth certificate. Completed forms and fees may be delivered in person to the department at 930 Wildwood Drive, Jefferson City, Missouri, or by mail to the Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102.

(A) The applicant shall furnish to the department adequate information as requested on the Application for Non-Certified Copy of an Original Birth Certificate by Lineal Descendant form so that the department can identify the correct sealed file containing the original birth certificate.

(B) The department shall not issue a copy of the original birth certificate to the applicant when –

1. The applicant cannot provide a certified death certificate of the adoptee; or

2. The applicant cannot provide documentation that confirms the applicant is a lineal descendant of the adoptee.

(C) The department shall issue copies of the original birth certificate to the lineal descendant as provided in subsections (2)(G)-(I) of this rule. If the department cannot locate the original birth certificate, the department shall issue to the applicant a written statement that no record was found.

(D) The copy of the original birth certificate issued to the applicant shall be stamped "For genealogical purposes only – not to be used for establishing identity."

(E) If the adoptee's birth parent(s) have provided a Birth



Parent Contact Preference Form or Birth Parent Medical History Form to the department, or the adoptee has provided an Adoptee Contact Preference Form to the department, the department shall provide a copy of the form(s) to the lineal descendant applicant.

(7) Applicants, birth parents, or others shall not send to the department items other than the forms prescribed by this regulation (e.g., letters, papers, photos, mementos, etc). Any such items sent to the department shall be discarded.

(8) The department shall not issue copies of vital records, including birth, death, marriage, or divorce records, for the birth parents to an adoptee, adoptee's attorney, or lineal descendant of the adoptee.

(9) The department shall not release any information pertaining to the adoptee other than the original birth certificate or Adoptee Contact Preference form, if completed, to the birth parent.

(10) The department shall not amend the adoptee's original birth certificate as defined in this rule.

(11) When the state registrar of vital records finds evidence that an application was made through misrepresentation or fraud, he or she shall have authority to withhold issuance of a certificate until a court determination of facts has been made.

AUTHORITY: sections 193.035 and 193.045, RSMo 2016, and section 193.128, RSMo Supp. 2018. Emergency rule filed Aug. 29, 2016, effective Sept. 8, 2016, expired March 6, 2017. Original rule filed Aug. 29, 2016, effective Feb. 28, 2017. Emergency amendment filed Sept. 10, 2018, effective Sept. 20, 2018, expired March 18, 2019. Amended: Filed Sept. 10, 2018, effective March 30, 2019.*

**Original authority: 193.035, RSMo 1984, amended 1993, 1995; 193.045, RSMo 1984; and 193.128, RSMo 2016, amended 2018.*