

County Name
County Address
Report Period

Death Certificate Copies/Certifications Issued
_____ X \$1 = _____
Check Number _____
Total Due = \$ _____

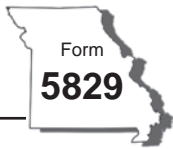
<b>Signature</b>	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. Payment is due by the 10th of the month following the month of collection. Example: Payments received during the month of September are due by October 10th.	
	Signature of Recorder	Date (MM/DD/YYYY) ____/____/____

**Mail to:** Taxation Division  
P.O. Box 453  
Jefferson City, MO 65105-0453

**Phone:** (573) 751-5900  
**Fax:** (573) 522-1720  
**E-mail:** [countyfees@dor.mo.gov](mailto:countyfees@dor.mo.gov)

Visit <http://dor.mo.gov/business/citycounty/>  
for additional information.

Form 5829 (Revised 12-2020)



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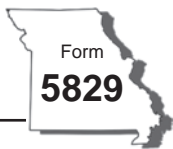
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