



County Name
County Address
Report Period

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

Signature	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

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

Form 5829 (Revised 08-2020)



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