



## On Official Letterhead of Requesting Agency

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RELAY MISSOURI for Hearing and Speech Impaired and Voice dial: 711



<Date>

Missouri Department of Health and Senior Services  
Bureau of Vital Records  
930 Wildwood Drive  
Jefferson City, MO 65109

*Re: Request for Vital Record*

Dear State Registrar:

The <Name of Requesting Agency> is requesting a <Type of Vital Record> of <Name of Registrant> as authorized in 193.255.4, RSMo. It is acknowledged that vital records access under these circumstances is granted when deemed in the public interest and not for purposes of commercial solicitation or private gain.

Specifically, copies of vital records are allowed for public agencies administering health, welfare, safety, law enforcement, education or public assistance programs, and to private agencies approved by the state registrar so long as the record is not used for purposes other than those for which they were requested unless so authorized by the state registrar.

Therefore, <Name of Requesting Agency> is requesting the < Type of Vital Record> for <Detailed Purpose/Reason for Vital Record Request> pursuant to <Citation of Applicable Statutory, Regulatory, or Similar Duty>. Along with the enclosed Application for Missouri Vital Record and statutorily required search fee, this letter shall serve to establish the tangible interest requirement necessary to access the vital record.

Should you have any questions, please contact me at <Contact Info>.

Sincerely,

<Name/Info of Requesting Agency>

### PROMOTING HEALTH AND SAFETY

The Missouri Department of Health and Senior Services' vision is optimal health and safety for all Missourians, in all communities, for life.