



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS
**AFFIDAVIT OF HOMELESS OR UNACCOMPANIED YOUTH STATUS
FOR FEE EXEMPT CERTIFIED COPY OF BIRTH CERTIFICATE**

MAIL TO:
DHSS - Bureau of Vital Records
930 Wildwood Dr.
Jefferson City, MO 65109

INFORMATION

- One fee exempt copy of a birth record may be obtained from the Bureau of Vital Records in Jefferson City or a local public health agency/local registrar upon completion of this form **and** an accompanying application.
- Each eligible youth may only receive one fee exempt birth record. For the issuance of any additional certificates, the statutory fee shall be paid.
- Requests for fee exempt copies are still subject to all other requirements outlined in the application for obtaining copies of birth records.
- Application for a certified copy of a birth record may be obtained by contacting the Bureau of Vital Records in Jefferson City (573-751-6387) or a local public health agency/local registrar.

For more information, visit: www.health.mo.gov/vitalrecords

Requirements for eligibility to receive a fee exempt copy of a birth certificate:

- Requests may be made by a parent or guardian of a homeless youth under twenty-one (21) years of age, as defined in subsection 1 of section 167.020, RSMo, or an unaccompanied youth, as defined in 42 United States Code (U.S.C.) Section 1434a(6).
- An unaccompanied youth shall be eligible to receive a certification or copy of his or her own birth record without the consent or signature of his or her parent or guardian.
- A “homeless services provider” is an entity who has knowledge of a person’s status as homeless and must provide verification through completion of the affidavit.
- The affidavit will not be considered complete unless signed by **both** the homeless services provider and the person making the request for the birth record.

A “homeless services provider” may include, but is not limited to:

- 1) A **governmental or nonprofit agency** receiving federal, state, or county or municipal funding to provide services to a “homeless youth” or that is otherwise sanctioned to provide those services by a local homeless continuum of care organization.
- 2) A **licensed attorney** representing the minor in any legal matter.
- 3) A **local education agency liaison** for homeless children and youth designated under 42 U.S.C. Section 11432(g)(1)(J)(ii), or a **school social worker**, or **counselor**.
- 4) A **human services provider** or **public social services provider** funded by the State of Missouri to provide homeless children or youth services, health services, mental or behavioral health services, substance use disorder services, or public assistance or employment services.
- 5) A **law enforcement officer** designated as a liaison to the homeless population by a local police department or sheriff’s department within the state.



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PLEASE READ THE INFORMATION SECTION BEFORE COMPLETING THIS AFFIDAVIT

Pursuant to 193.265, RSMo, no fee shall be required or collected from a parent or guardian of a homeless child or homeless youth, as defined in subsection 1 of section 167.020, or an unaccompanied youth, as defined in 42 U.S.C. Section 11434a(6), for the issuance of a certification, or copy of such certification, of birth of such child or youth. An unaccompanied youth shall be eligible to receive a certification or copy of his or her own birth record without the consent or signature of his or her parent or guardian; provided, that only one certificate shall be provided without cost to the unaccompanied or homeless youth. For the issuance of any additional certificates, the statutory fee shall be paid.

SECTION I.

To be completed by the person making the request for the certified birth record (hereafter: "requestor")

I, _____, do solemnly declare and affirm, to the best of my knowledge and belief,
Printed Name of Requestor

that on the date listed below in this section, I am:

_____ a homeless youth;

OR,

_____ a parent or guardian lawfully entitled to request a certified Certificate of Live Birth on behalf of the

following homeless youth _____,
Printed Name of Homeless Youth

who is homeless, as defined in subsection 1 of section 167.020, or an unaccompanied youth, as defined in 42 U.S.C. Section 11434a(6).

Signature of Requestor _____ **Date** _____

SECTION II.

To be completed by a "homeless services provider" (See authorized list on reverse side)

Entity Name of Homeless Services Provider Furnishing Verification of Homelessness:

Address: _____

Phone Number: _____ **E-mail:** _____

I, _____, do solemnly declare and affirm, to the best of my knowledge and belief,
Printed Name of Agent for Provider

that on the date listed below in this section, _____,
Printed Name of Homeless Youth

is a homeless youth, as defined in subsection 1 of section 167.020, or an unaccompanied youth, as defined in 42 U.S.C. Section 11434a(6), and that I meet the requirements of a "homeless services provider".

Signature of Agent for Provider _____ **Date** _____