



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF VITAL RECORDS
**VICTIM OF DOMESTIC VIOLENCE OR ABUSE FEE EXEMPT
 CERTIFIED COPY OF BIRTH CERTIFICATE FORM**

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 for Missouri Vital Record.
- Each eligible applicant may only receive one fee exempt birth record and this is a one-time waiver. For the issuance of any additional certificates, the statutory fee shall be paid.
- A request for a fee exempt copy is still subject to all other requirements outlined in the application for obtaining copies of birth records.
- Application for Missouri Vital Record may be obtained online or 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:

- Applicant must be a victim of domestic violence or abuse, as defined in section 455.010, RSMo.
- Applicant must provide documentation signed, under the penalty of perjury, by a(n) employee/agent/volunteer of a victim service provider, an attorney, or a health care/mental health professional from whom the victim has sought assistance relating to the domestic violence or abuse.

PLEASE READ THE INFORMATION SECTION BEFORE COMPLETING THIS FORM

Pursuant to 193.265, RSMo, no fee shall be required or collected for a certification of birth if the request is made by a victim of domestic violence or abuse, as those terms are defined in section 455.010, and the victim provides documentation signed by a(n) employee, agent, or volunteer of a victim service provider, an attorney, or a health care or mental health professional, from whom the victim has sought assistance relating to the domestic violence or abuse. Such documentation shall state that, under penalty of perjury, the employee, agent, or volunteer of a victim service provider, the attorney, or the health care or mental health professional believes the victim has been involved in an incident of domestic violence or abuse. A victim may be eligible only one time for a fee waiver.

SECTION I

To be completed by victim service provider/attorney/health care or mental health professional

NAME:	
ENTITY/PROVIDER NAME:	
ADDRESS:	
PHONE NUMBER:	EMAIL:

I, _____, state under the penalty of perjury, that:
PRINTED NAME

1. I am:
- a(n) employee/agent/volunteer of a service provider;
 - an attorney; or
 - a health care/mental health professional,

2. I have provided assistance to _____ relating to domestic violence or abuse, and
PRINTED NAME OF VICTIM OF DOMESTIC VIOLENCE/ABUSE

3. I believe _____ has been involved in an incident of domestic violence or abuse, as
PRINTED NAME OF VICTIM OF DOMESTIC VIOLENCE/ABUSE
 defined in section 455.010, RSMo.

SIGNATURE	DATE
-----------	------