(Insert date)

Bureau of Vital Records

Missouri Department of Health and Senior Services

P.O. Box 570

Jefferson City, Missouri 65102-0570

# RE: (Insert consumer name)

 Date of Birth: Month/day/year

 Location of death: City, town or county

 Date of death: Month/day/year

In accordance with our contract with the Missouri Department of Mental Health (DMH), (insert name of agency) is authorized to conduct death reviews related to deaths involving DMH consumers.

In order to complete a thorough death review, (insert name of agency) is requesting a copy of the death certificate regarding (insert consumer name). Please waive the fee as we are acting on the behalf of DMH as their administrative agent.

Please find the completed application form attached. Your cooperation in expediting this request is greatly appreciated. If you have any questions, please feel free to contact me at (phone number). Thank you for your assistance.

Sincerely,

Name

Title