



Missouri Department of Revenue
Motor Vehicle Accident Release

Case Number
[] [] [] [] [] [] [] [] [] []

I, _____ hereby forever release and discharge _____,
any heirs, executors, administrators, and all firms, corporations, and persons on their behalf liable, from all claims, demands, damages,
actions, or causes of action arising from or growing out of, any and all personal injuries and property damage, now apparent as well as
those which may hereafter develop as a direct or indirect result of a collision which occurred ___ / ___ / ___ , at or near
(MM/DD/YYYY)
Missouri.

Signature
Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.
Printed Name of Person Giving Release
Signature Date (MM/DD/YYYY)
___ / ___ / ___

Notary Required
Embosser or black ink rubber stamp seal
Subscribed and sworn before me, this
day of year
State County (or City of St. Louis) My Commission Expires
Notary Public Signature
Notary Public Name (Typed or Printed)

Additional Release of Parent or Guardian For Injuries to Minor Child

I, _____, state that I am the parent or guardian of _____,
a minor under 18 years of age, and that the above release is made at my request and that I make this release for said minor child,
and that I agree to hold harmless any person against any action, claim or demand for said minor child or any other person for
injuries or damages to said minor child.

Signature
Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.
Printed Name of Person Giving Release
Signature Date (MM/DD/YYYY)
___ / ___ / ___

Notary Required
Embosser or black ink rubber stamp seal
Subscribed and sworn before me, this
day of year
State County (or City of St. Louis) My Commission Expires
Notary Public Signature
Notary Public Name (Typed or Printed)

Mail to: Driver License Bureau
301 West High Street - Room 470
P.O. Box 200
Jefferson City, MO 65105-0200

Phone: (573) 751-7195
Fax: (573) 526-7365
E-mail: dlbmail@dor.mo.gov
Visit dor.mo.gov/drivers/ for
additional information.

Form 237 (Revised 06-2013)

