



MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION
ADOPTION INFORMATION REGISTRY

E-mail to:
CD.MOAdoptionInfoRegistry@dss.mo.gov

Or RETURN TO:
MISSOURI CHILDREN'S DIVISION
ADOPTION INFORMATION REGISTRY
P.O. BOX 88
JEFFERSON CITY, MISSOURI 65103

TO BE COMPLETED BY ADULT ADOPTEE WHO DESIRES CONTACT WITH BIOLOGICAL PARENTS OR SIBLINGS

ADOPTED ADULT REGISTRATION

NOTE: THE REGISTRATION BY AN ADOPTED ADULT CAN BE ACCEPTED ONLY IF THE ADOPTEE IS 18 YEARS OF AGE OR OLDER.
Please fill out the form completely with all information that is known to you.

SECTION A – REQUEST

PURSUANT TO THE AUTHORITY GRANTED IN 453.121 RSMo I AM REQUESTING REGISTRATION OF MY DESIRE FOR FUTURE CONTACT WITH MY BIOLOGICAL PARENT/S OR BIOLOGICAL SIBLING/S. I UNDERSTAND THAT I MAY CHANGE THIS INFORMATION AT A LATER DATE SHOULD MY LOCATION OR CIRCUMSTANCES CHANGE.

PLEASE CHECK AND PROVIDE A COPY OF ONE OF THE FOLLOWING TO CONFIRM YOUR IDENTITY:

BIRTH CERTIFICATE ADOPTION DECREE DRIVER'S LICENSE OR PHOTO ID

FULL BIRTH NAME			RACE			SEX	
LAST	FIRST	MIDDLE	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Indian/Alaskan	<input type="checkbox"/> M	
			<input type="checkbox"/> Asian/Pacific Islander			<input type="checkbox"/> F	

FULL ADOPTED NAME		
LAST	FIRST	MIDDLE

CURRENT NAME			
LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER

CURRENT ADDRESS (street, city, state, zip)		PHONE NUMBER:
		EMAIL:

DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTY
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AGENCY/INDIVIDUAL THAT MADE PLACEMENT	COUNTY WHERE ADOPTION FINALIZED	DATE OF ADOPTION
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ADDRESS			
STREET	CITY	STATE	ZIP

SECTION B- ADOPTIVE PARENTS

ADOPTIVE FATHER'S FULL NAME			
LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER

CURRENT OR LAST KNOWN ADDRESS (street, city, state, zip)	PHONE NUMBER
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ADOPTIVE MOTHER'S FULL			
NAME LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER

CURRENT OR LAST KNOWN ADDRESS (street, city, state, zip)	PHONE NUMBER
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SECTION C – BIOLOGICAL PARENTS and SIBLING INFORMATION (COMPLETE ALL KNOWN INFORMATION)

BIOLOGICAL FATHER'S FULL NAME			
LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
BIOLOGICAL MOTHER'S FULL NAME			
LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
OTHER KNOWN LAST NAMES USED BY MOTHER			
BIOLOGICAL SIBLING NAMES			DATES OF BIRTH
PLEASE INDICATE HOW YOU ARE AWARE OF YOUR SIBLINGS			

SECTION D – CERTIFICATION

I SOLEMNLY CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS REGISTRATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE	SIGNATURE OF REGISTRANT	DATE
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TO BE COMPLETED BY CHILDREN'S DIVISION STAFF

REGISTRATION REQUEST FILED BY:	BIOLOGICAL PARENT	DATE
	ADOPTED CHILD	DATE
	BIOLOGICAL SIBLING	DATE
	POSSIBLE MATCH LOCATED	DATE
NOTICE SENT TO LOCAL OFFICE FOR CONFIRMATION OF IDENTITY AND/OR NOTIFICATION OF OTHER PARTY TO MATCH IF IDENTITY CONFIRMED		
<input type="checkbox"/> YES <input type="checkbox"/> NO DATE		

SECTION G – TO BE COMPLETED BY LOCAL OFFICE STAFF/PRIVATE AGENCY

DETERMINE STATUS OF BIOLOGICAL PARENT NOT REGISTERED WITH ADOPTION REGISTRY		
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> CANNOT BE LOCATED	<input type="checkbox"/> REFUSED TO REGISTER
<input type="checkbox"/> DECEASED	<input type="checkbox"/> HAS NOW COMPLETED ADOPTION REGISTRY FORM (ATTACHED)	<input type="checkbox"/> HAS FILED AFFIDAVIT WITH COURT CONFIRMED DATE
WORKER	DATE	ADDRESS (street, city, state, zip)
PRIVATE/COUNTY AGENCY		