



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

Email 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 BIOLOGICAL PARENT WHO DESIRES CONTACT WITH ADOPTED CHILD

BIOLOGICAL PARENT REGISTRATION

SECTION A – REQUEST

PURSUANT TO THE AUTHORITY GRANTED IN 453.121 RSMo I, AM REQUESTING REGISTRATION OF MY DESIRE TO A FUTURE CONTACT WITH MY CHILD WHO WAS ADOPTED. I UNDERSTAND THAT I MAY CHANGE THIS INFORMATION AT A LATER DATE SHOULD MY LOCATION OR CIRCUMSTANCES CHANGE.

PLEASE FILL OUT THE FORM COMPLETELY WITH ALL INFORMATION KNOWN TO YOU.

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

- BIRTH CERTIFICATE DRIVER'S LICENSE OR PHOTO ID

FATHER'S FULL NAME

LAST	FIRST	MIDDLE
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DATE OF BIRTH	SOCIAL SECURITY NUMBER	RACE <input type="checkbox"/> White <input type="checkbox"/> Indian/Alaskan <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander
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CURRENT ADDRESS (Street/City/State/Zip Code)	PHONE NUMBER
	EMAIL

MOTHER'S FULL NAME AT TIME OF CHILD'S BIRTH

LAST	FIRST	MIDDLE
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DATE OF BIRTH	SOCIAL SECURITY NUMBER	RACE <input type="checkbox"/> White <input type="checkbox"/> Indian/Alaskan <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander
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MOTHER'S CURRENT FULL NAME

LAST	FIRST	MIDDLE
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OTHER LAST NAMES USED

CURRENT ADDRESS (Street/City/State/Zip Code)	PHONE NUMBER
	EMAIL

SECTION B – COMPLETE ALL KNOWN INFORMATION ON ADOPTED CHILD FOR WHICH CONTACT IS REQUESTED

FULL BIRTH NAME

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

LAST	FIRST	MIDDLE
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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	CITY	STATE	ZIP
STREET			

ADOPTIVE PARENTS INFORMATION IF KNOWN		
ADOPTIVE PARENT #1'S FULL NAME		
LAST	FIRST	MIDDLE
ADOPTIVE PARENT #2'S FULL NAME		
LAST	FIRST	MIDDLE
SECTION C – 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
SECTION D – TO BE COMPLETED BY CHILDREN'S DIVISION STAFF		
REGISTRATION REQUEST FILED BY:	BIOLOGICAL PARENT	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 E – 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
PRIVATE/COUNTY AGENCY		