



MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION

REQUEST FOR NONIDENTIFYING INFORMATION/COMPLETED ADOPTION

SECTION 1 - REQUEST (PLEASE PRINT)

DATE OF REQUEST	INDICATE BELOW TYPE OF REQUEST		
	<input type="checkbox"/> BIOLOGICAL PARENTS	<input type="checkbox"/> ADULT SIBLING(S)	

NAME OF REQUESTOR	LAST	FIRST	M.I.
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ADDRESS	STREET	CITY	STATE	ZIP	TELEPHONE NUMBER
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CHECK THE CATEGORY YOU REPRESENT

ADULT ADOPTEE ADOPTIVE PARENT LEGAL GUARDIAN

TO CONFIRM MY IDENTIFY, I AM SUPPLYING THE FOLLOWING INFORMATION: (PLEASE CHECK AND PROVIDE A COPY OF ONE OF THE FOLLOWING. IF LEGAL GUARDIAN, A COPY OF THE ORDER OF APPOINTMENT MUST BE SUBMITTED.)

BIRTH CERTIFICATE MARRIAGE CERTIFICATE ADOPTION DECREE OTHER (PLEASE SPECIFY)

TO ASSIST THE CHILDREN'S DIVISION IN LOCATING THE RECORD OF THE ADOPTION, THE FOLLOWING INFORMATION IS REQUESTED IF KNOWN TO THE PERSON MAKING THE REQUEST.

ADOPTION COMPLETION	COUNTY	DATE
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BIOLOGICAL PARENTS (IF KNOWN)	FATHER'S NAME	LAST	MIDDLE	FIRST
	MOTHER'S NAME	LAST	MIDDLE	FIRST

ADOPTIVE PARENTS	FATHER'S NAME	LAST	MIDDLE	FIRST
	MOTHER'S NAME	LAST	MIDDLE	FIRST

ADDRESS AT TIME ADOPTION WAS COMPLETED	ADDRESS	STREET	CITY	STATE	ZIP
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I SOLEMNLY CERTIFY THAT ALL OF THE ABOVE INFORMATION PROVIDED IN THIS REQUEST IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.	REQUESTOR SIGNATURE	DATE
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SECTION II - FOR CHILDREN'S DIVISION USE ONLY

COUNTY	WORKER	DATE
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CHECK THE BOX BELOW WHICH APPLIES TO THE ACTION REQUIRED TO LOCATE THE ADOPTION RECORD AND RESPONDING TO THE REQUEST

ADOPTION KNOWN TO THIS OFFICE AND AVAILABLE INFORMATION IS SUPPLIED.

ADOPTION KNOWN TO THIS OFFICE BUT RECORDS MAINTAINED IN ANOTHER CHILDREN'S DIVISION OFFICE.
REFERRED TO _____ CHILDREN'S DIVISION OFFICE. AVAILABLE INFORMATION REGARDING THE PERSONS REQUESTED WILL BE FORWARDED TO THE ADDRESS LISTED ABOVE.

ADOPTION NOT KNOWN TO THE CHILDREN'S DIVISION.

SECTION III - AVAILABLE NONIDENTIFYING INFORMATION IN DIVISION RECORDS

(TO BE COMPLETED BY THE CHILDREN'S DIVISION)

BIOLOGICAL PARENTS

1. PHYSICAL DESCRIPTION	MOTHER			FATHER		
	HEIGHT	WEIGHT		HEIGHT	WEIGHT	
COLORING	EYES	HAIR	SKIN	EYES	HAIR	SKIN
APPEARANCE						
2. NATIONALITY						
3. RELIGION						
4. MEDICAL HISTORY	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

SIBLING(S)

5. PHYSICAL DESCRIPTION	SIBLING 1			SIBLING 2			SIBLING 3			SIBLING 4		
	HEIGHT	WEIGHT		HEIGHT	WEIGHT		HEIGHT	WEIGHT		HEIGHT	WEIGHT	
COLORING	EYES	HAIR	SKIN	EYES	HAIR	SKIN	EYES	HAIR	SKIN	EYES	HAIR	SKIN
APPEARANCE												
6. NATIONALITY												
7. RELIGION												
8. MEDICAL HISTORY	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		