



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

E-mail to:  
[CD.MOAdoptionInfoRegistry@dss.mo.gov](mailto: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"/> Asian/Pacific Islander	<input type="checkbox"/> M <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
AGENCY/INDIVIDUAL THAT MADE PLACEMENT			COUNTY WHERE ADOPTION FINALIZED	
DATE OF ADOPTION				
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				
ADOPTIVE MOTHER'S FULL				
NAME LAST		FIRST	MIDDLE	SOCIAL SECURITY NUMBER
CURRENT OR LAST KNOWN ADDRESS (street, city, state, zip)				
PHONE NUMBER				

**SECTION C – BIOLOGICAL PARENTS and SIBLING INFORMATION (COMPLETE ALL KNOWN INFORMATION)**
**BIOLOGICAL FATHER'S FULL NAME**

LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
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**BIOLOGICAL MOTHER'S FULL NAME**

LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
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**OTHER KNOWN LAST NAMES USED BY MOTHER**

BIOLOGICAL SIBLING NAMES	DATES OF BIRTH
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**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

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

If you are a Veteran in the state of Missouri and are interested in learning more about benefits and resources available to you and your dependents, visit <https://mvc.dps.mo.gov/MoVeteransInformation/Survey/DSS>