



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"/> 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
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
<i>TO BE COMPLETED BY CHILDREN'S DIVISION STAFF</i>			
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			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> UNKNOWN <input type="checkbox"/> DECEASED </div> <div> <input type="checkbox"/> CANNOT BE LOCATED <input type="checkbox"/> HAS NOW COMPLETED ADOPTION REGISTRY FORM (ATTACHED) </div> <div> <input type="checkbox"/> REFUSED TO REGISTER <input type="checkbox"/> HAS FILED AFFIDAVIT WITH COURT CONFIRMED DATE </div> </div>			
WORKER	DATE	ADDRESS (street, city, state, zip)	
PRIVATE/COUNTY AGENCY			