



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

Email 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 SIBLING WHO DESIRES CONTACT WITH ADOPTED ADULT SIBLING**

# ADULT SIBLING 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 ADOPTED ADULT SIBLING. 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

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
DATE OF BIRTH	SOCIAL SECURITY NUMBER	COUNTY OF RESIDENCE		
ADDRESS				
STREET	CITY	STATE	ZIP	PHONE NUMBER
PRIOR NAMES			EMAIL	
MOTHER'S FULL NAME				
LAST	FIRST	MIDDLE		
DATE OF BIRTH	SOCIAL SECURITY NUMBER	RACE <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Indian/Alaskan <input type="checkbox"/> Asian/Pacific Islander		
CURRENT OR LAST KNOWN ADDRESS				
STREET	CITY	STATE	ZIP	PHONE NUMBER
FATHER'S FULL NAME				
LAST	FIRST	MIDDLE		
DATE OF BIRTH	SOCIAL SECURITY NUMBER	RACE <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Indian/Alaskan <input type="checkbox"/> Asian/Pacific Islander		
CURRENT OR LAST KNOWN ADDRESS				
STREET	CITY	STATE	ZIP	PHONE NUMBER
<b>SIBLING INFORMATION</b>				
SIBLING NAME			DATE OF BIRTH	
DO YOU AND THE ADOPTED ADULT HAVE THE SAME BIOLOGICAL MOTHER AND FATHER? IF NO PLEASE INDICATE WHICH PARENT YOU SHARE				
HOW ARE YOU AWARE OF YOUR SIBLING AND THEIR ADOPTION? PLEASE INCLUDE ALL KNOWN INFORMATION ABOUT YOUR SIBLING				
AGENCY/INDIVIDUAL THAT MADE PLACEMENT		COUNTY WHERE ADOPTION FINALIZED		DATE OF ADOPTION
ADDRESS				
STREET	CITY	STATE	ZIP	

<b>SECTION B – CERTIFICATION</b>		
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
<b>SECTION C – TO BE COMPLETED BY CHILDREN’S DIVISION STAFF</b>		
REGISTRATION REQUEST FILED BY:	BIOLOGICAL SIBLING	DATE
	ADOPTED CHILD	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 D – 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"/> 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 Code)
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>.