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|  | 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 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 | | | | | |
| DATE OF BIRTH | | | | SOCIAL SECURITY NUMBER | | | | | | | RACE | | | | | | |
| White  Black | | | Indian/Alaskan  Asian/Pacific Islander | | | |
| CURRENT ADDRESS (Street/City/State/Zip Code) | | | | | | | | | | PHONE NUMBER | | | | | | | |
| EMAIL | | | | | | | |
| MOTHER’S FULL NAME AT TIME OF CHILD’S BIRTH | | | | | | | | | | | | | | | | | |
| LAST | | | | FIRST | | | | | | | | MIDDLE | | | | | |
| DATE OF BIRTH | | | | SOCIAL SECURITY NUMBER | | | | | | | RACE | | | | | | |
| White  Black | | | Indian/Alaskan  Asian/Pacific Islander | | | |
| MOTHER’S CURRENT FULL NAME | | | | | | | | | | | | | | | | | |
| LAST | | | | FIRST | | | | | | | | MIDDLE | | | | | |
| 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  White  Black  Indian/Alaskan  Asian/Pacific Islander | | | | | | | SEX  M  F |
| FULL ADOPTED NAME | | | | | | | | | | | | | | | | | |
| LAST | | | | FIRST | | | | MIDDLE | | | | | | | | | |
| 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 | |

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| **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 | | | | | | | | | | | | | |
|  |  | | YES  NO | | | | | | DATE |  | | | |
| **SECTION E – *TO BE COMPLETED BY LOCAL OFFICE STAFF/PRIVATE AGENCY*** | | | | | | | | | | | | | | |
| DETERMINE STATUS OF BIOLOGICAL PARENT NOT REGISTERED WITH ADOPTION REGISTRY | | | | | | | | | | | | | | |
| UNKNOWN  DECEASED | | | | CANNOT BE LOCATED  HAS NOW COMPLETED ADOPTION REGISTRY  FORM (ATTACHED) | | | | | | | | REFUSED TO REGISTER  HAS FILED AFFIDAVIT WITH COURT  CONFIRMED DATE | | |
| WORKER | | | | | DATE | | | ADDRESS | | | | | |
| PRIVATE/COUNTY AGENCY | | | | | | | | | | | | | | |