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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESCHILDREN’S DIVISION**ADOPTION INFORMATION REGISTRY** | Email to:CD.MOAdoptionInfoRegistry@dss.mo.govOr RETURN TO: MISSOURI CHILDREN’S DIVISIONADOPTION INFORMATION REGISTRYP.O. BOX 88JEFFERSON 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      |