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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 ADULT SIBLING WHO DESIRES CONTACT WITH ADOPTED ADULT SIBLING** |
| **ADULT SIBLING REGISTRATION** |
| **SECTION A – REQUEST** |
| PURSUANT TO THE AUTHORITY GRANTED IN 453.121 RSMoI 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       | [ ]  White[ ]  Black[ ]  Indian/Alaskan[ ]  Asian/Pacific Islander | [ ]  M[ ]  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[ ]  White [ ]  Black [ ]  Indian/Alaskan [ ]  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[ ]  White [ ]  Black [ ]  Indian/Alaskan [ ]  Asian/Pacific Islander  |
| CURRENT OR LAST KNOWN ADDRESS |
| STREET      | CITY      | STATE      | ZIP      | PHONE NUMBER      |
| **SIBLING INFORMATION** |
| 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      |
| **SECTION B – 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 C – *TO BE COMPLETED BY CHILDREN’S DIVISION STAFF*** |
| 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 |
|  |  | [ ]  YES [ ]  NO | DATE |       |
| **SECTION D – *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 (Street, City, State, Zip Code)      |
| PRIVATE/COUNTY AGENCY      |