|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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 | | | | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |