



TO BE COMPLETED BY ADULT ADOPTEE WHO DESIRES CONTACT WITH BIOLOGICAL PARENTS OR SIBLINGS

ADOPTED ADULT REGISTRATION

NOTE: THE REGISTRATION BY AN ADOPTED ADULT CAN BE ACCEPTED ONLY IF THE ADOPTEE IS 18 YEARS OF AGE OR OLDER.

SECTION A – REQUEST

PURSUANT TO THE AUTHORITY GRANTED IN 453.121 RSMo I AM REQUESTING REGISTRATION OF MY DESIRE FOR FUTURE CONTACT WITH MY BIOLOGICAL PARENT/S OR BIOLOGICAL SIBLING/S. I UNDERSTAND THAT I MAY CHANGE THIS INFORMATION AT A LATER DATE SHOULD MY LOCATION OR CIRCUMSTANCES CHANGE.

PLEASE CHECK AND PROVIDE A COPY OF ONE OF THE FOLLOWING TO CONFIRM YOUR IDENTITY:

- BIRTH CERTIFICATE ADOPTION DECREE DRIVER'S LICENSE OR PHOTO ID

| | | | | | |
|-----------------|------|-------|--------|--|--|
| FULL BIRTH NAME | LAST | FIRST | MIDDLE | RACE | SEX |
| | | | | <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 |

| | | | | |
|-------------------|------|-------|--------|--|
| FULL ADOPTED NAME | LAST | FIRST | MIDDLE | |
| | | | | |

| | | | | |
|--------------|------|-------|--------|------------------------|
| CURRENT NAME | LAST | FIRST | MIDDLE | SOCIAL SECURITY NUMBER |
| | | | | |

| | |
|-----------------|--------------|
| CURRENT ADDRESS | PHONE NUMBER |
| | |

| | | | | |
|---------------|----------------|------|-------|--------|
| DATE OF BIRTH | PLACE OF BIRTH | CITY | STATE | COUNTY |
| | | | | |

| | | |
|---------------------------------------|---------------------------------|------------------|
| AGENCY/INDIVIDUAL THAT MADE PLACEMENT | COUNTY WHERE ADOPTION FINALIZED | DATE OF ADOPTION |
| | | |

| | | | | |
|--------|--------|------|-------|-----|
| ADDRES | STREET | CITY | STATE | ZIP |
| | | | | |

SECTION B- ADOPTIVE PARENTS

| | | | | |
|-----------------------------|------|-------|--------|------------------------|
| ADOPTIVE FATHER'S FULL NAME | LAST | FIRST | MIDDLE | SOCIAL SECURITY NUMBER |
| | | | | |

| | |
|-------------------------------|--------------|
| CURRENT OR LAST KNOWN ADDRESS | PHONE NUMBER |
| | |

| | | | | |
|-----------------------------|------|-------|--------|------------------------|
| ADOPTIVE MOTHER'S FULL NAME | LAST | FIRST | MIDDLE | SOCIAL SECURITY NUMBER |
| | | | | |

| | |
|-------------------------------|--------------|
| CURRENT OR LAST KNOWN ADDRESS | PHONE NUMBER |
| | |

SECTION C – BIOLOGICAL PARENTS and SIBLING INFORMATION (COMPLETE ALL KNOWN INFORMATION)

| | | | | |
|-------------------------------|------|-------|--------|------------------------|
| BIOLOGICAL FATHER'S FULL NAME | LAST | FIRST | MIDDLE | SOCIAL SECURITY NUMBER |
|-------------------------------|------|-------|--------|------------------------|

| | | | | |
|-------------------------------|------|-------|--------|------------------------|
| BIOLOGICAL MOTHER'S FULL NAME | LAST | FIRST | MIDDLE | SOCIAL SECURITY NUMBER |
|-------------------------------|------|-------|--------|------------------------|

OTHER KNOWN LAST NAMES USED BY MOTHER

| | |
|--------------------------|----------------|
| BIOLOGICAL SIBLING NAMES | DATES OF BIRTH |
|--------------------------|----------------|

PLEASE INDICATE HOW YOU ARE AWARE OF YOUR SIBLINGS

SECTION D – 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

TO BE COMPLETED BY CHILDREN'S DIVISION STAFF

| | | |
|--------------------------------|--------------------|------|
| REGISTRATION REQUEST FILED BY: | BIOLOGICAL PARENT | DATE |
| | ADOPTED CHILD | DATE |
| | BIOLOGICAL SIBLING | 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 G – TO BE COMPLETED BY LOCAL OFFICE STAFF/PRIVATE AGENCY

DETERMINE STATUS OF BIOLOGICAL PARENT NOT REGISTERED WITH ADOPTION REGISTRY

 UNKNOWN CANNOT BE LOCATED REFUSED TO REGISTER DECEASED HAS NOW COMPLETED ADOPTION REGISTRY FORM (ATTACHED) HAS FILED AFFIDAVIT WITH COURT CONFIRMED DATE

| | | |
|--------|------|---------|
| WORKER | DATE | ADDRESS |
|--------|------|---------|

PRIVATE/COUNTY AGENCY