



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 CHILDREN'S DIVISION
Request for Nonidentifying Information/Completed Adoption

SECTION I – REQUEST (PLEASE PRINT)

Date of Request	Indicate Below Type of Request	
	<input type="checkbox"/> Biological Parents	<input type="checkbox"/> Adult Siblings

Name of Requestor:	Last	First	M.I.
--------------------	------	-------	------

Address	City	State	Zip Code
---------	------	-------	----------

Check the category you represent

Adult Adoptee Adoptive Parent Other)Please Specify) _____

To confirm my identity, I am supplying the following information: (Please check and provide a copy of one of the following, If legal guardian, a copy of the order of appointment must be submitted)

Birth Certificate Marriage Certificate Adoption Decree

Other (Please Specify) _____

To Assist the Children's Division in locating the record of the adoption, the following information is requested if known to the person making the request.

Adoption Completion	County	Date
---------------------	--------	------

Biological Parents (if known)	Father's Name	Last	Middle	First
	Mothers Name	Last	Middle	First

Adoptive Parents	Father's Name	Last	Middle	First
	Mothers Name	Last	Middle	First

Address at the time the adoption was completed:	Address	Street	City	State	Zip
---	---------	--------	------	-------	-----

I solemnly certify that all of the above information provided in this request is true and accurate to the best of my knowledge.

Requestor Signature	Date
---------------------	------

SECTION II – REQUEST (PLEASE PRINT)

County	Worker	Date
--------	--------	------

Check the box below which applies to the action required to locate the adoption record and responding to the request

Adoption known to this office and available information is supplied.

Adoption known to this office but records maintained in another Children's Division office.

 Referred to: _____ Children's Division office. Available information regarding the persons requested will be forwarded to the address listed above.

Adoption not known to the Children's Division office.

CONTINUE ON THE REVERSE SIDE

SECTION III – AVAILABLE NONIDENTIFYING INFORMATION IN DIVISION RECORDS

Biological Parents

Physical Description	Maternal Family						Paternal Family					
	Height			Weight			Height			Weight		
	Eyes	Hair	Skin	Eyes	Hair	Skin	Eyes	Hair	Skin	Eyes	Hair	Skin
Nationality												
Religion												
Medical History												
Physical Description	Sibling 1			Sibling 2			Sibling 3			Sibling 4		
	Height		Weight	Height		Weight	Height		Weight	Height		Weight
	Eyes	Hair	Skin	Eyes	Hair	Skin	Eyes	Hair	Skin	Eyes	Hair	Skin
Nationality												
Religion												
Medical History												