

WHAT IS THE ADOPTION REGISTRY

The Adoption Information Registry is a service within the Missouri Division of Family Services by which Adult Adoptees (age 21 and over) and Biological Parents may indicate their desire to be contacted by each other upon the voluntary registration of all parties to the adoption.

WHO CAN REGISTER

- Adult Adoptees 21 years or older and adopted in Missouri.
- Biological Parents of a child released for adoption in Missouri.

WHAT INFORMATION IS AVAILABLE

- Identifying information of the other registrants is provided to the Adult Adoptee and Biological Parent(s). It will include:
 - Name
 - Address
 - Telephone Numbers (if applicable)
 - Place of Birth

Notes: Adoptive parents must consent to the release of identifying information on adoptions completed prior to August 13, 1986. The Adult Adoptee may obtain this consent and send it with their registration. If the adoptive parents are deceased the Adult Adoptee may send copies of the death certificate.

Adoptive parents must be notified on adoptions completed after August 13, 1986.

HOW DO YOU REGISTER

Adopted Adults and Biological Parents must complete and file separate registration forms with the Missouri Adoption Information Registry.

WHAT HAPPENS ONCE YOU REGISTER

- Information is entered in Adoption Registry.
- Search of Adoption Registry is completed.
- If no match, written notification is sent to registrant.
- If possible match, attempt is made to obtain consent from other biological parent and adoptive parents (if appropriate).
- Registrant notified within three months of no match if all consents not obtained.
- Registrant notified within three months and provided identifying information if full match and all parties have consented.

WHERE TO SEND FORMS

Registration Forms should be sent in an envelope marked "Confidential" to:

Missouri Division of Family Services
Adoption Information Registry
P.O. Box 88
Jefferson City, MO 65103

THE REGISTRY CANNOT

- Provide information about biological sisters or brothers.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 DIVISION OF FAMILY SERVICES
ADOPTION INFORMATION REGISTRY

RETURN TO: MISSOURI DIVISION OF FAMILY SERVICES
 ADOPTION INFORMATION REGISTRY
 P.O. BOX 88
 JEFFERSON CITY, MISSOURI 65103

TO BE COMPLETED BY ADULT ADOPTEE OR BIOLOGICAL PARENTS WHO DESIRE CONTACT WITH EACH OTHER

FOR THIS REGISTRATION, PLEASE INDICATE IF YOU ARE THE:

- ADOPTEE** (COMPLETE SECTIONS A, B & D) **BIOLOGICAL PARENTS** (COMPLETE A, C & D)

NOTE: THE REGISTRATION BY ADULT ADOPTEE CAN BE ACCEPTED ONLY IF THE ADOPTEE IS 21 YEARS OF AGE OR OLDER.

SECTION A - REQUEST

PURSUANT TO THE AUTHORITY GRANTED IN 453.121 RSMO.

I _____ AM REQUESTING REGISTRATION OF MY DESIRE TO A FUTURE CONTACT BY MY BIOLOGICAL PARENTS/ADOPTED CHILD. I UNDERSTAND THAT I MAY CHANGE THIS INFORMATION AT A LATER DATE SHOULD MY LOCATION OR CIRCUMSTANCES CHANGE.

TO CONFIRM MY IDENTITY, I AM SUPPLYING THE FOLLOWING INFORMATION (PLEASE CHECK AND PROVIDE A COPY OF ONE OF THE FOLLOWING):

- BIRTH CERTIFICATE
 MARRIAGE CERTIFICATE
 ADOPTION DECREE
 OTHER (SPECIFY) ►

SECTION B - ADOPTED CHILD (COMPLETE ALL KNOWN INFORMATION)

FULL ORIGINAL NAME	LAST	FIRST	MIDDLE	RACE	SEX

FULL ADOPTED NAME	LAST	FIRST	MIDDLE		

CURRENT NAME	LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER

CURRENT ADDRESS	STREET	CITY	STATE	ZIP

DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTY
MO. DAY YEAR				

AGENCY/INDIVIDUAL THAT MADE PLACEMENT	ADDRESS
	STREET

CITY	STATE	ZIP	COUNTY OF ADOPTION DECREE	DATE OF ADOPTION

ADOPTIVE PARENTS

FATHER'S FULL NAME	LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER

CURRENT OR LAST KNOWN ADDRESS	STREET	CITY	STATE	ZIP	TELEPHONE NUMBER

MOTHER'S FULL NAME	LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER

CURRENT OR LAST KNOWN ADDRESS	STREET	CITY	STATE	ZIP	TELEPHONE NUMBER

SECTION C - BIOLOGICAL PARENTS (COMPLETE ALL KNOWN INFORMATION)

FATHER'S FULL NAME LAST FIRST MIDDLE			SOCIAL SECURITY NUMBER -	
DATE OF BIRTH 	PLACE OF BIRTH CITY STATE COUNTY			
CURRENT OR LAST KNOWN ADDRESS STREET CITY STATE ZIP			TELEPHONE NO.	
MOTHER'S FULL NAME LAST FIRST MIDDLE			SOCIAL SECURITY NUMBER -	
DATE OF BIRTH 	PLACE OF BIRTH CITY STATE COUNTY			
CURRENT NAME LAST FIRST MIDDLE				
CURRENT OR LAST KNOWN ADDRESS STREET CITY STATE ZIP			TELEPHONE NO.	
OTHER KNOWN LAST NAMES			TELEPHONE NO.	
NAME OF CHILD ON ORIGINAL BIRTH CERTIFICATE FOR WHICH CONTACT IS AUTHORIZED LAST FIRST MIDDLE			RACE	SEX
CHILD'S DOB 	PLACE OF BIRTH CITY STATE COUNTY			
NAME OF COURT TERMINATING PARENTAL RIGHTS OR ACCEPTING ADOPTION CONSENT		SIGNATURE OF REGISTRANT		DATE

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
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SECTION E - TO BE COMPLETED BY ADOPTION REGISTRY STAFF

REGISTRATION REQUEST FILED BY:	BIOLOGICAL PARENT	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. <input type="checkbox"/> YES <input type="checkbox"/> NO DATE ►		

SECTION F - COMPLETED BY LOCAL OFFICE STAFF/PRIVATE AGENCY

DETERMINE STATUS OF BIOLOGICAL PARENTS NOT REGISTERED WITH ADOPTION REGISTRY		
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> CANNOT BE LOCATED	<input type="checkbox"/> REFUSED TO REGISTER
<input type="checkbox"/> DECEASED	<input type="checkbox"/> HAS NOT COMPLETED ADOPTION REGISTRY FORM (ATTACHED)	<input type="checkbox"/> HAS FILED AFFIDAVIT WITH COURT CONFIRMED DATE ►
WORKER	DATE	ADDRESS
PRIVATE/COUNTY AGENCY		