

Date: _____

Adoption Search Team

Lutheran Family & Children's Services
9666 Olive Blvd, Suite 400
St. Louis, MO 63132

Please accept this as my request for *Identifying* *non-identifying* information
regarding the adoption of *myself* *my child* *my sibling(s)*

Here is the information that is needed for you to begin my search:

Current name:	Date of Birth:
Name at adoption:	Name at birth:
Date of Adoption:	Place of Birth:
Place of Adoption: City/County/State	Date of Adoption:
Adoptive Parents' Names:	Address:

I can be reached at:

Current address:	City/State:	Zip:
Home phone:	Work Phone:	Cell Phone:
Email address:	<input type="radio"/> I hereby consent to exchange of information by email	

Thank you for your assistance.

(signature)

Checklist:

<input type="radio"/> Request sent to Family Court: <ul style="list-style-type: none"><input type="radio"/> Mary Blancett, St Louis County Family Court, 501 S Brentwood Blvd, St Louis, MO 63105<input type="radio"/> Jesse Cannon, Family Court of St Louis City, 920 N Vandeventer, St Louis, MO 63108<input type="radio"/> Jan Steinhoff, St Charles Circuit Court, 300 N. 2nd Street, St. Charles, MO 63301
<input type="radio"/> Fee Enclosed: <input type="radio"/> Adoption Registry forms completed
<input type="radio"/> I consent to exchange of information by email. Email address:
<input type="radio"/> I have reviewed the enclosed Statement of Privacy Practices