

## REQUEST OF ADOPTED ADULT

Date: \_\_\_\_\_ Please accept this as my request for: O Identifying O Non-Identifying Information O Intermediary Support Only Regarding the adoption of: O myself O my child Here is the information that is needed for you to accept my request: Current Name: Date of Birth: Name at Adoption: Place of Birth: Date of Adoption: Place of Adoption city/county/State: Adoptive Parents' Names: Adoptive Parents' Address: I can be reached at: Current Address: City/State: Zip: Home Phone: Work Phone: Cell Phone: **Email Address:** O I hereby consent to exchange of information by email

Signature

## Checklist:

<ul><li>Angela Maniaci, S</li><li>Jesse Johnson, Far</li></ul>	Court for Identifying Information: It Louis County Juvenile Office, 105 S Central Ave, Clayton, MO 63105 Inily Court of St Louis City, 920 N Vandeventer, St Louis, MO 63108 Eleventh Judicial Circuit, Div 9, 300 N. 2nd Street, Suite 431, St. Charles,
○ Fee Enclosed	Adoption Registry forms completed and mailed
O I have reviewed the enclosed Statement of Privacy Practices	

Please send completed form with all necessary documentation and payments to:

## **Adoption Search Team**

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