

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 Information Non-Identifying Information Intermediary Support Only

Regarding the adoption of:

- Myself My Child

Required information for this request:

Current Name:	Date of Birth:
Name at Adoption:	Place of Birth:
Place of Adoption (City/State/Zip):	Date of Adoption:
Adoptive Parent(s) Name(s):	
Adoptive Parent(s) Address:	

Current contact information:

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

Thank you for your assistance.

(signature)

Checklist:

<input type="checkbox"/> Request sent to Family Court for Identifying Information: <ul style="list-style-type: none"><input type="radio"/> Mary Blancett, St Louis County Juvenile Office, 105 S Central Ave, Clayton, MO 63105 * Scanned and emailed requests preferred, including photo ID to Mary.Blancett@courts.mo.gov<input type="radio"/> Jesse Johnson, Family Court of St Louis City, 920 N Vandeventer, St Louis, MO 63108<input type="radio"/> Diana Schroeder, Eleventh Judicial Circuit, Div 9, 300 N. 2nd Street, Suite 431, St. Charles, MO 63301
<input type="checkbox"/> Fee Enclosed <input type="checkbox"/> Adoption Registry forms completed and mailed
<input type="checkbox"/> I have reviewed the enclosed Statement of Privacy Practices