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-identif	ying information	
regarding the adoption of <i>myselj</i>	f	v 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:	○ I hereby conse	nt to exchange of information by email	
Thank you for your assistance.			
(signature)			
Checklist:			
Request sent to Family Court:			
, ·	•	ntral Ave, Clayton, MO 63105	
	of St Louis City, 920 N Vande		
o Samantha Rhoads, St Charle	es Circuit Court, 300 N. 2nd St	treet, St. Charles, MO 63301	
○ Fee Enclosed:	Adoption Registry forms	completed	
○ I consent to exchange of information	tion by email. Email address	::	
○ I have reviewed the enclosed Statem	ent of Privacy Practices		