



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF VITAL RECORDS, 930 WILDWOOD DR., JEFFERSON CITY, MO 65109  
**CERTIFICATE OF DECREE OF ADOPTION**

ANY FAX, PHOTO, OR REPRODUCED COPIES OF THIS FORM WILL NOT BE ACCEPTED AND WILL BE RETURNED FOR THE ORIGINAL. WHITEOUT, ERASURES, TYPEOVERS, OR WRITEOVERS ARE NOT ACCEPTABLE.

**INSTRUCTIONS THIS FORM SHOULD BE TYPED OR PRINTED IN BLACK INK**

Parts I, II, and III of this form are to be completed by the petitioner, attorney for the petitioner, or the child-placing agency representative (if applicable) and filed with the petition or decree. When the final order of adoption has been entered, the clerk of court shall complete the certification in Part IV, affix the seal of the court, sign, and mail the form with the required \$15.00 processing fee, and, if a new birth certificate is requested, a signed and notarized application and additional \$15 fee per copy, to the **Missouri Department of Health and Senior Services, Bureau of Vital Records, 930 Wildwood Dr., Jefferson City, MO 65109**. If the child was born in another state or foreign country, the Bureau of Vital Records will forward the form to the proper office.

**PART I**

**INFORMATION ABOUT CHILD BEFORE ADOPTION**

THIS INFORMATION IS USED TO LOCATE AND AMEND THE CHILD'S ORIGINAL BIRTH RECORD.

NAME OF CHILD AT BIRTH OR NAME AS SHOWN ON CURRENT BIRTH CERTIFICATE		SEX	DATE OF BIRTH	BIRTH CERTIFICATE NUMBER (IF KNOWN)
PLURALITY - SINGLE, TWIN, TRIPLET, ETC.	IF NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC.	PLACE OF BIRTH (HOSPITAL, CITY, COUNTY, STATE, OR COUNTRY IF NOT IN U.S.)		
NAME PRIOR TO FIRST MARRIAGE (MAIDEN) OF NATURAL MOTHER/CO-PARENT		NAME OF NATURAL FATHER/CO-PARENT		
IF CHILD PREVIOUSLY ADOPTED, PLEASE PROVIDE NAMES OF ADOPTIVE PARENTS				

**PART II**

**INFORMATION AFTER ADOPTION - WILL APPEAR ON NEW CERTIFICATE**

IF STEP-PARENT ADOPTION, INFORMATION FOR BIRTH PARENT MUST ALSO BE COMPLETED.

NAME OF CHILD AFTER ADOPTION					
FIRST	MIDDLE	LAST	SUFFIX		
<b>FATHER/CO-PARENT</b> (CHECK ONE)		FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
<input type="checkbox"/> Adoptive	STATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH	RACE	
<input type="checkbox"/> Single Parent	<b>EDUCATION - SPECIFY HIGHEST GRADE COMPLETED</b>				
<input type="checkbox"/> Natural	ELEMENTARY (1-8):	HIGH SCHOOL (1-4):	COLLEGE (1-5+):		
<input type="checkbox"/> Step-Parent					
<b>MOTHER/CO-PARENT</b> (CHECK ONE)					
<input type="checkbox"/> Adoptive	NAME PRIOR TO FIRST MARRIAGE (MAIDEN)		MIDDLE NAME	LAST NAME	SUFFIX
<input type="checkbox"/> Single Parent	CURRENT LEGAL NAME		MIDDLE NAME	LAST NAME	SUFFIX
<input type="checkbox"/> Natural	STATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH	RACE	
<input type="checkbox"/> Step-Parent	<b>EDUCATION - SPECIFY HIGHEST GRADE COMPLETED</b>				
	ELEMENTARY (1-8):	HIGH SCHOOL (1-4):	COLLEGE (1-5+):		
NUMBER OF LIVE BIRTHS PRIOR TO BIRTH OF THE ADOPTED CHILD		NUMBER OF ADOPTED CHILDREN PRIOR TO BIRTH OF ADOPTED CHILD		NUMBER OF FETAL DEATHS (STILLBIRTHS):	
NO. LIVING _____ <input type="checkbox"/> NONE LIVING		NO. DEAD _____ <input type="checkbox"/> NONE DEAD		_____ <input type="checkbox"/> NONE	
RESIDENCE OF ADOPTIVE MOTHER OR CO-PARENT <b>AT TIME OF CHILD'S BIRTH</b>					
NUMBER AND STREET		CITY, TOWN, OR LOCATION		COUNTY	STATE   ZIP CODE
PRESENT ADDRESS OF ADOPTIVE PARENT(S)					
NUMBER AND STREET		CITY, TOWN, OR LOCATION		COUNTY	STATE   ZIP CODE   TELEPHONE NUMBER
NAME AND COMPLETE ADDRESS OF ATTORNEY					
NUMBER AND STREET		CITY, TOWN, OR LOCATION		COUNTY	STATE   ZIP CODE   TELEPHONE NUMBER

**PART III**

**PROCESSING ADOPTION AND RECEIVING NEW CERTIFICATE**

APPLICATION FOR CERTIFIED COPY OF THE NEW BIRTH CERTIFICATE AND FEE MAY BE ATTACHED TO THIS FORM AND FORWARDED TO THE BUREAU OF VITAL RECORDS.

State law requires the submission of a \$15.00 fee to process this Certificate of Decree of Adoption. This fee does not include a new copy of the birth certificate after adoption. If you wish to receive a new copy of the birth certificate after adoption, attach an Application for a Vital Record to this form and an additional \$15.00 fee per each copy requested. For more information on ordering vital records, visit: [www.health.mo.gov/vitalrecords](http://www.health.mo.gov/vitalrecords) or call: 573-751-6387.

**PART IV**

**CERTIFICATION OF CLERK OF COURT**

I hereby certify that there was a decree of adoption entered by the Circuit Court of this county on \_\_\_\_\_ day of \_\_\_\_\_ (month) \_\_\_\_\_ (year), which adjudged that the child named in Part I is deemed to be for legal intents and purposes the child of the adoptive parents identified above. Dated: \_\_\_\_\_

(SEAL)

CAUSE OR CASE NO.	VOLUME PAGE NO.
CLERK OF THE CIRCUIT COURT	
DEPUTY CLERK	
NAME OF COURT	
FOR CITY OR COUNTY OF	