



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
CHILDREN'S DIVISION  
ADOPTION INFORMATION REGISTRY

RETURN TO: MISSOURI CHILDREN'S DIVISION  
ADOPTION INFORMATION REGISTRY  
P.O. BOX 88  
JEFFERSON CITY, MISSOURI 65103

TO BE COMPLETED BY BIOLOGICAL PARENT WHO DESIRES CONTACT WITH ADOPTED CHILD

BIOLOGICAL PARENT REGISTRATION

SECTION A – REQUEST

PURSUANT TO THE AUTHORITY GRANTED IN 453.121 RSMo I, AM REQUESTING REGISTRATION OF MY DESIRE TO A FUTURE CONTACT WITH MY CHILD WHO WAS ADOPTED. I UNDERSTAND THAT I MAY CHANGE THIS INFORMATION AT A LATER DATE SHOULD MY LOCATION OR CIRCUMSTANCES CHANGE.

PLEASE CHECK AND PROVIDE A COPY OF ONE OF THE FOLLOWING TO CONFIRM YOUR IDENTITY:

☐ BIRTH CERTIFICATE ☐ DRIVER'S LICENSE OR PHOTO ID

FATHER'S FULL NAME	LAST	FIRST	MIDDLE	RACE
				<input type="checkbox"/> White
				<input type="checkbox"/> Black
				<input type="checkbox"/> Indian/Alaskan
				<input type="checkbox"/> Asian/Pacific Islander

CURRENT ADDRESS	PHONE NUMBER

MOTHER'S FULL NAME	LAST	FIRST	MIDDLE	RACE
				<input type="checkbox"/> White
				<input type="checkbox"/> Black
				<input type="checkbox"/> Indian/Alaskan
				<input type="checkbox"/> Asian/Pacific Islander

MOTHER'S CURRENT FULL NAME	LAST	FIRST	MIDDLE

OTHER LAST NAMES USED

CURRENT ADDRESS	PHONE NUMBER

SECTION B – COMPLETE ALL KNOWN INFORMATION ON ADOPTED CHILD FOR WHICH CONTACT IS REQUESTED

FULL BIRTH NAME	LAST	FIRST	MIDDLE	RACE	SEX
				<input type="checkbox"/> White	<input type="checkbox"/> M
				<input type="checkbox"/> Black	<input type="checkbox"/> F
				<input type="checkbox"/> Indian/Alaskan	
				<input type="checkbox"/> Asian/Pacific Islander	

FULL ADOPTED NAME	LAST	FIRST	MIDDLE

DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTY

AGENCY/INDIVIDUAL THAT MADE PLACEMENT	COUNTY WHERE ADOPTION FINALIZED	DATE OF ADOPTION

ADDRESS	STREET	CITY	STATE	ZIP

<b>ADOPTIVE PARENTS INFORMATION IF KNOWN</b>			
ADOPTIVE PARENT #1'S FULL NAME	LAST	FIRST	MIDDLE
ADOPTIVE PARENT #2'S FULL NAME	LAST	FIRST	MIDDLE
<b>SECTION C – CERTIFICATION</b>			
I SOLEMNLY CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS REGISTRATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		SIGNATURE OF REGISTRANT   DATE	
<b>SECTION D – TO BE COMPLETED BY CHILDREN’S DIVISION STAFF</b>			
REGISTRATION REQUEST FILED BY:	BIOLOGICAL PARENT		DATE
POSSIBLE MATCH LOCATED			DATE
NOTICE SENT TO LOCAL OFFICE FOR CONFIRMATION OF IDENTITY AND/OR NOTIFICATION OF OTHER PARTY TO MATCH IF IDENTITY CONFIRMED  <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> DATE			
<b>SECTION E – TO BE COMPLETED BY LOCAL OFFICE STAFF/PRIVATE AGENCY</b>			
DETERMINE STATUS OF BIOLOGICAL PARENT NOT REGISTERED WITH ADOPTION REGISTRY			
<input type="checkbox"/> UNKNOWN <input type="checkbox"/> DECEASED		<input type="checkbox"/> CANNOT BE LOCATED <input type="checkbox"/> HAS NOW COMPLETED ADOPTION REGISTRY FORM (ATTACHED)	
		<input type="checkbox"/> REFUSED TO REGISTER <input type="checkbox"/> HAS FILED AFFIDAVIT WITH COURT CONFIRMED DATE	
WORKER	DATE	ADDRESS	
PRIVATE/COUNTY AGENCY			