REQUEST FOR INFORMATION FROM CLOSED ADOPTION RECORD

FULL NAME OF ADOPTEE: _____

Date of Birth: _____

Adoptee's birth name (if known): _____

Birth parent(s) name(s) (if known): _____

Adoption agency (if known): _____

Date of adoption (if known): _____ cause no. (if known): _____

Name(s) of adoptive parent(s): _____

County / State of residence at the time of adoption: _____

RELATIONSHIP TO ADOPTEE

Adoptee is: ☐ Self ☐ Parent ☐ Grandparent ☐ Other: _____
(state relationship)

NAME OF REQUESTER: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

TYPE OF INFORMATION BEING REQUESTED: (check all that are applicable)

- ☐ Non-identifying information – e.g., birth parents' nationality, medical history, etc. (if known)
  (Please allow 4-6 weeks processing)
- ☐ Identifying information – name of birth parents (search required)
  (Law allows for three months for search for identifying information, but it can take longer.)
- ☐ Certificate of Adoption – verification of adoption
  (Please allow 2-3 weeks processing. If this is an emergency request, please contact 314-552-2185)
- ☐ Paperwork to request original birth certificate from Missouri Vital Records.
- ☐ Other-specify:_____

Today's Date: _____ _____
Signature

Please attach verification of your identity (copy of driver's license or copy of present birth certificate). If requester is lineal descendent, also attach proof of relationship and proof of adoptee's death.

Please mail to: Jesse Johnson - Adoption DJO, St. Louis City Family Court, 920 N. Vandeventer, St. Louis, MO, 63108. You may also scan and email to Jesse.Johnson@courts.mo.gov.You will receive a written response by mail as soon as we complete a thorough search of the Court's files.

1/10/17