

REQUEST FOR INFORMATION FROM CLOSED ADOPTION RECORD

FULL NAME OF ADOPTEE: _____

ADDRESS: _____

TELEPHONE: _____

DATE OF BIRTH: _____

NAME(S) OF ADOPTIVE PARENT(S): _____

COUNTY / STATE OF THEIR RESIDENCE AT THE TIME OF YOUR ADOPTION:

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): _____

Type of information being requested and reason for request:

Today's Date: _____

Signature

PLEASE HAVE YOUR SIGNATURE NOTARIZED TO SERVE AS VERIFICATION OF YOUR IDENTITY

Please mail to: Adoptions, St. Louis City Family Court, 920 N. Vandeventer, St. Louis, MO, 63108. You will receive a written response by mail as soon as we complete a thorough search of the files. Please direct any further questions to the Adoption Specialists: Larry Doyle, at (314) 552-2129, or Martha D. Miller, at (314) 552-2185.