



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF VITAL RECORDS, P.O. BOX 570, JEFFERSON CITY, MO 65102
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 AND 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 enter his or her certification in Part IV, affix the seal of the court, sign and forward the form to the Missouri Department of Health and Senior Services, Bureau of Vital Records, P.O. Box 570, Jefferson City, Missouri, 65102-0570. 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

PLEASE PRINT INFORMATION
 SHOULD LOCATE
 AND AMEND THE
 CHILD'S ORIGINAL
 BIRTH RECORD

INFORMATION ABOUT CHILD BEFORE ADOPTION

NAME OF CHILD AT BIRTH OR NAME AS SHOWN ON BIRTH CERTIFICATE		SEX	DATE OF BIRTH	BIRTH CERTIFICATE NUMBER (If Known)
PLURALITY – Single, Twin, Triplet, etc. (Specify)	IF NOT SINGLE BIRTH – Born First, Second, Third, etc. (Specify)		PLACE OF BIRTH (HOSPITAL, CITY, STATE)	
FULL MAIDEN NAME OF NATURAL MOTHER		NAME OF NATURAL FATHER		
IF CHILD PREVIOUSLY ADOPTED, PLEASE GIVE ADOPTIVE PARENT'S NAMES				

PART II

PLEASE PRINT PARENT
 ADOPTION
 INFORMATION FOR
 EACH PARENT
 MUST ALSO BE
 COMPLETED

INFORMATION AFTER ADOPTION

NAME OF CHILD AFTER ADOPTION (FIRST)		(MIDDLE)	(LAST)		
FATHER/CO-PARENT (CHECK ONE) <input type="checkbox"/> ADOPTIVE <input type="checkbox"/> SINGLE PARENT <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP-PARENT <input type="checkbox"/> CO-PARENT	FIRST NAME	MIDDLE NAME	LAST NAME	RACE	
	STATE OF BIRTH	SOCIAL SECURITY NUMBER		DATE OF BIRTH	
	EDUCATION: SPECIFY HIGHEST GRADE COMPLETED				
	ELEMENTARY (1-8):	HIGH SCHOOL (1-4):	COLLEGE (1 TO 5+):		
MOTHER/CO-PARENT (CHECK ONE) <input type="checkbox"/> ADOPTIVE <input type="checkbox"/> SINGLE PARENT <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP-PARENT <input type="checkbox"/> CO-PARENT	FIRST NAME	MIDDLE NAME	MAIDEN NAME	PRESENT LEGAL SURNAME	
	STATE OF BIRTH	SOCIAL SECURITY NUMBER		DATE OF BIRTH	
	EDUCATION: SPECIFY HIGHEST GRADE COMPLETED				
	ELEMENTARY (1-8):	HIGH SCHOOL (1-4):	COLLEGE (1 TO 5+):		
	NUMBER OF LIVE BIRTHS PRIOR TO BIRTH OF ADOPTED CHILD No. Living _____ No. Dead _____ <input type="checkbox"/> None <input type="checkbox"/> None	NUMBER OF ADOPTED CHILDREN PRIOR TO BIRTH OF ADOPTED CHILD No. Living _____ No. Dead _____ <input type="checkbox"/> None <input type="checkbox"/> None	NUMBER OF FETAL DEATHS (STILLBIRTHS): _____ <input type="checkbox"/> None		
	RESIDENCE OF ADOPTIVE MOTHER OR CO-PARENT AT TIME OF CHILD'S BIRTH (STREET NO., CITY/TOWN, COUNTY, STATE)				
PRESENT ADDRESS OF ADOPTIVE PARENT(S)			TELEPHONE NUMBER ()		
NAME AND COMPLETE ADDRESS OF ATTORNEY (PLEASE TYPE OR PRINT)			TELEPHONE NUMBER ()		

PART III

APPLICATION FOR
 REFERRED COPY OF
 THE NEW BIRTH
 CERTIFICATE AND
 IT MAY BE
 ATTACHED TO THIS
 FORM AND
 FORWARDED TO
 THE BUREAU OF
 VITAL RECORDS

SEND NEW CERTIFICATE TO

CHECK ONE	<input type="checkbox"/> PARENTS	<input type="checkbox"/> ATTORNEY	<input type="checkbox"/> COUNTY CLERK	<input type="checkbox"/> OTHER
NAME				
COMPLETE MAILING ADDRESS				

PART IV

CERTIFICATION OF CLERK OF COURT

CAUSE OR CASE NO.		VOLUME PAGE NO.
I hereby certify that there was a decree of adoption entered by the Circuit Court of this county on _____ day of _____, 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 _____		CLERK OF THE CIRCUIT COURT
		DEPUTY CLERK
		NAME OF COURT
		FOR CITY OR COUNTY OF
(SEAL)		