

REQUEST FOR ADOPTION SEARCH
5th Circuit Juvenile Office

Person Requesting Information:

Name: _____ D.O.B. _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Adopted Adult Adoptive Parent Legal Guardian

Adopted Adults Lineal Descendant (adopted adult deceased)

Person Adopted:

Same as above

Name: _____ D.O.B. _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relation to Person Requesting Search: _____

Type of Search:

Biological Parent Adult Sibling Lineal Descendant

Information Requested:

Identifying Information Non-Identifying Information

Adoptive Parents:

Father: _____

Mother: _____

Biological Parents/Sibling:

Father: _____ unknown

Mother: _____ unknown

Sibling: _____ unknown

Adoption:

Birth Name: _____ unknown

Date Adoption Finalized: _____ unknown

Case/File #: _____ unknown

Release of Information:

I give permission for the 5th Circuit Juvenile Office to release my identifying and contact information to the relative(s) I am requesting a search for.

Additional Information:

Send completed form and other documentation to the address below.

**Attn: Adoption Search
5th Circuit Juvenile Office
411 Jules
St. Joseph, MO 64501
(816) 271-1421**

Please attach a copy of your drivers license or birth certificate and any other documentation you feel might assist in the search process. Please include a copy of the adopted adults death certificate if requesting a lineal descendant search.

Signature

Date