



COVER SHEET FOR ADOPTEE CONTACT PREFERENCE FORM

This page will not be released to the birth parent.

The information on this page is for processing purposes only and will be used to help the Bureau of Vital Records identify the adoptee's original (prior to adoption) birth certificate. Please provide as much accurate information as you can to avoid delays and increase the likelihood of being able to process this form. This form will be returned to the sender if the original birth certificate cannot be identified. The Adoptee Contact Preference Form will be placed in a sealed file. It will be released upon request to the birth parent or lineal descendant of a deceased adoptee. The Bureau of Vital Records cannot accept any additional items including letters or photos. Additional materials cannot be retained and will be discarded.

You may change or update your contact preference by completing and submitting a new Adoptee Contact Preference Form.

A NON-REFUNDABLE FEE OF \$15 MUST ACCOMPANY THIS FORM. Make check or money order payable to: Missouri Department of Health and Senior Services.

Mail to: Bureau of Vital Records, P.O. Box 570, Jefferson City, MO 65102-0570.

Please print clearly and complete as many of the items below as possible.

ORIGINAL BIRTH CERTIFICATE INFORMATION

FULL NAME OF CHILD ON ORIGINAL BIRTH CERTIFICATE

CHILD'S DATE OF BIRTH	CHILD'S SEX	CHILD'S RACE	NUMBER OF LIVE BIRTHS FROM THIS PREGNANCY
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PLACE OF BIRTH (CITY, COUNTY)	HOSPITAL WHERE CHILD WAS BORN
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MOTHER'S INFORMATION

FULL NAME OF MOTHER ON ORIGINAL BIRTH CERTIFICATE	DATE OF BIRTH
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FATHER'S INFORMATION

FULL NAME OF FATHER ON ORIGINAL BIRTH CERTIFICATE	DATE OF BIRTH
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ADOPTEE'S CURRENT INFORMATION

ADOPTEE'S CURRENT NAME (FIRST, MIDDLE, LAST)	ADOPTEE'S NAME AS IT APPEARS ON BIRTH CERTIFICATE
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ADOPTEE'S CURRENT MAILING ADDRESS - NUMBER AND STREET	CITY, STATE AND ZIP CODE
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ADOPTEE'S CURRENT TELEPHONE NUMBER

NOTARY SECTION

I _____, subject to the penalty of perjury, do solemnly declare and affirm that I am eligible to complete an Adoptee Contact Preference form and that the information contained in this form is true and correct to the best of my knowledge. I attest that I am the birth parent of the adoptee whose original birth certificate information is being provided.

ADOPTEE'S SIGNATURE	DATE
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NOTARY PUBLIC EMBOSSER SEAL	STATE	COUNTY
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	



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blank.**

**Please do not write on this
page.**



ADOPTEE CONTACT PREFERENCE FORM

Please indicate **your** preference regarding contact with the birth parent.

Only the most recent version of the Adoptee Contact Preference Form will be released to the birth parent or lineal descendant of a deceased adoptee.

Original (prior to adoption) birth certificates do not include identifying information from the current (after adoption) birth certificate. Information may be redacted on the original (prior to adoption) birth certificate before release, dependent on if or how a birth parent completed a Birth Parent Contact Preference Form.

Note: Even if you complete this form and indicate no contact, the birth parent may contact you based on information received from other sources.

TODAY'S DATE

Please check only one box below and complete the corresponding information. PLEASE PRINT.

- Option 1: I prefer not to be contacted.** (Your identifying information will not be released.)
- Option 2: I prefer not to be contacted directly. I prefer to be contacted by the intermediary designated below.** (Your identifying information will not be released. The intermediary's contact information will be provided to the birth parent or lineal descendant of a deceased adoptee upon their request for a copy of the original birth certificate.)

Note: Neither the Department of Health and Senior Services, nor an employee of the department, may be listed as the intermediary.

INTERMEDIARY'S NAME

ADDRESS

PHONE

EMAIL/OTHER

- Option 3: I prefer to be contacted directly by the birth parent.** My contact information can be found below. (Your identifying information will be released.)

NAME

ADDRESS

PHONE

EMAIL/OTHER