



CIRCUIT COURT OF JACKSON COUNTY, MISSOURI

625 EAST 26TH STREET
KANSAS CITY, MISSOURI 64108-2719

Patricia Becker
Family Court Services

PH: (816) 435-4788
Fax: (816) 435-4793

ADOPTION INFORMATION REQUEST

NAME (Full) _____
ADDRESS: _____
CITY: _____ STATE _____ ZIP CODE: _____
TELEPHONE: _____

To identify the court adoption file, please complete the following to the best of your knowledge:

COURT ADOPTION FILE NUMBER: _____
BIOLOGICAL NAME: _____
ADOPTIVE NAME: _____
DATE OF BIRTH: _____
ADOPTIVE PARENTS: _____
BIOLOGICAL PARENTS: _____

Please check appropriate item

- I request **non-identifying information** regarding the biological parents (physical description, nationality, religious background, type of employment, reason for adoption, education, ethnic origin and medical history, if known).
- I request **identifying information** regarding my biological parents. I understand this would require locating them and any such search must be conducted by an agency approved by the court or otherwise permitted by law.
- Other (please explain - 110 char max):

DATE

SIGNATURE

To submit a request, print this form and include proof of identity such as a copy of your birth certificate, driver's license, or social security card. Mail or fax to the above address - ATTN: Patricia Becker.

*** For immediate processing of your request, email this form and follow-up by mailing a signed form with proof of identity.**