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[www.adoptionsearchservices.com](http://www.adoptionsearchservices.com)

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**(Please print)**

**Search Agreement/ Lineal Descendent**

Adoptee name at time of death: \_\_\_\_\_

Birth name (if known) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Name of Orphanage/Children's Home : \_\_\_\_\_

County/State Court that took care of the adoption: \_\_\_\_\_

Adoptive Father and Mother names: \_\_\_\_\_

Adoption Court File Number \_\_\_\_\_

Search fee: \$350

Previous genealogical DNA testing? Yes No

I am interested in having a search conducted for the biological parents of my relative named above. I have been informed of the Missouri law pertaining to adoption searches (Section 453.121 RSMo). I am willing to abide by the wishes of the biological parents or their descendents, if found, regarding the amount of contact. I am aware of the retainer fee (\$350) and that I will be notified, in advance, if the search will require additional fees. I will then have the choice of continuing the search or closing it. The Searcher will perform the search, will complete the required court paperwork and will help to facilitate the first contact between myself and the biological family, upon their consent and court approval.

Name of Person Making the Request: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Relationship to Person Named on Record: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof, I have hereunto set my hand and official seal.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public