



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			
THIS INFORMATION IS USED TO 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
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			
IF STEP-PARENT, ADOPTION INFORMATION FOR BIRTH PARENT MUST ALSO BE COMPLETED.			
INFORMATION AFTER ADOPTION			
NAME OF CHILD AFTER ADOPTION (FIRST)		(MIDDLE)	(LAST)
FATHER/CO-PARENT (CHECK ONE)	FIRST NAME	MIDDLE NAME	LAST NAME
	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)	FIRST NAME	MIDDLE NAME	MAIDEN NAME
	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 CERTIFIED COPY OF THE NEW BIRTH CERTIFICATE AND FEE 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)			