



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF VITAL RECORDS
COVER SHEET FOR BIRTH PARENT MEDICAL HISTORY FORM

P.O. Box 570
 Jefferson City, Missouri 65102-0570
 Telephone: (573) 751-6378

This page will not be released to the adoptee.

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 Birth Parent Medical History Form will be placed in a sealed file. It will be released upon request to the adoptee, the adoptee's attorney, 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.

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
PLACE OF BIRTH (CITY, COUNTY)		HOSPITAL WHERE CHILD WAS BORN	

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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BIRTH PARENT'S CURRENT INFORMATION

BIRTH PARENT'S CURRENT NAME (FIRST, MIDDLE, LAST)	BIRTH PARENT'S RELATIONSHIP TO CHILD <input type="checkbox"/> Mother <input type="checkbox"/> Father
BIRTH PARENT'S CURRENT MAILING ADDRESS - NUMBER AND STREET	CITY, STATE AND ZIP CODE
BIRTH PARENT'S CURRENT TELEPHONE NUMBER	

NOTARY SECTION

I _____, subject to the penalty of perjury, do solemnly declare and affirm that I am eligible to complete a Birth Parent Medical History 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.

BIRTH PARENT'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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**Please do not write on this
page.**