**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES**
**BUREAU OF VITAL RECORDS, P.O. BOX 570, JEFFERSON CITY, MO 65102**

**REQUEST FOR FILING BIRTH CERTIFICATE AS RESULT OF FOREIGN ADOPTION**

**INFORMATION ABOUT CHILD**

1. **CHILD’S ORIGINAL NAME (FIRST, MIDDLE, LAST)** This is the name that will appear on the birth certificate unless a certified copy of a court order changing the child’s name is attached or one of the adoptive parent's surname is contained in the proof of adoption. If so, list the child’s name as it is to appear on the birth certificate in Item 2.

2. **CHILD’S NAME AS IT WILL APPEAR ON THE NEW BIRTH CERTIFICATE (FIRST, MIDDLE, LAST)**

3. **DATE OF BIRTH (MONTH/DAY/YEAR)**

4. **BIRTHPLACE – CITY**

5. **BIRTHPLACE – COUNTRY**

6. **HOSPITAL NAME (IF KNOWN)**

7. **SEX OF CHILD**
   - **FEMALE**

8. **PLURALITY – Single, Twin, Triplet, etc. (Specify)**

9. **IF NOT SINGLE BIRTH – Born First, Second, Third, etc. (Specify)**

10. **NATURAL MOTHER’S NAME (FIRST, MIDDLE, MAIDEN NAME)**

11. **NATURAL FATHER’S NAME (FIRST, MIDDLE, LAST)**

**INFORMATION FOR ADOPTING MOTHER**

(If step-parent adoption, the information regarding the natural parent(s) must be completed)

12. **FULL MAIDEN NAME (FIRST, MIDDLE, MAIDEN NAME)**

13. **DATE OF BIRTH (MONTH/DAY/YEAR)**

14. **STATE OF BIRTH OR COUNTRY (IF OUTSIDE U.S.)**

15A. **RESIDENCE AT TIME OF CHILD’S BIRTH (STATE)**

15B. **COUNTY**

15C. **CITY OR TOWN**

15D. **INSIDE CITY LIMITS**
   - **YES**
   - **NO**

15E. **STREET AND NUMBER**

16. **RACE**

17. **EDUCATION (HIGHEST GRADE COMPLETED)**

18. **SOCIAL SECURITY NUMBER**

19. **NUMBER OF LIVE BIRTHS PRIOR TO BIRTH OF ADOPTED CHILD – NUMBER LIVING _____**
   - **NONE**
   - **NUMBER DEAD _____**
   - **NONE**

20. **NUMBER OF ADOPTED CHILDREN PRIOR TO BIRTH OF ADOPTED CHILD – NUMBER LIVING _____**
   - **NONE**
   - **NUMBER DEAD _____**
   - **NONE**

21. **NUMBER OF FETAL DEATHS (STILLBIRTHS): _____**
   - **NONE**

**INFORMATION FOR ADOPTING FATHER**

22. **FULL NAME (FIRST, MIDDLE, LAST)**

23. **DATE OF BIRTH (MONTH/DAY/YEAR)**

24. **STATE OF BIRTH OR COUNTRY (IF OUTSIDE U.S.)**

25. **RACE (SPECIFY)**

26. **EDUCATION (HIGHEST GRADE COMPLETED)**

27. **SOCIAL SECURITY NUMBER**

28. **OCCUPATION**

**ADOPTING PARENTS’ SIGNATURES**

29. **FATHER**

30. **DATE**

31. **MOTHER**

32. **DATE**

33. **ADOPTING PARENTS’ MAILING ADDRESS**

34. **TELEPHONE NUMBER (PLEASE INCLUDE AREA CODE) ( )**