



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF VITAL RECORDS, 930 WILDWOOD DR., JEFFERSON CITY, MO 65109
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, 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 complete the certification in Part IV, affix the seal of the court, sign, and mail the form with the required \$15.00 processing fee, and, if a new birth certificate is requested, a signed and notarized application and additional \$15 fee per copy, to the **Missouri Department of Health and Senior Services, Bureau of Vital Records, 930 Wildwood Dr., Jefferson City, MO 65109**. 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 CURRENT BIRTH CERTIFICATE		SEX	DATE OF BIRTH	BIRTH CERTIFICATE NUMBER (IF KNOWN)
PLURALITY - SINGLE, TWIN, TRIPLET, ETC.	IF NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC.	PLACE OF BIRTH (HOSPITAL, CITY, COUNTY, STATE, OR COUNTRY IF NOT IN U.S.)		
NAME PRIOR TO FIRST MARRIAGE (MAIDEN) OF NATURAL MOTHER/CO-PARENT		NAME OF NATURAL FATHER/CO-PARENT		
IF CHILD PREVIOUSLY ADOPTED, PLEASE PROVIDE NAMES OF ADOPTIVE PARENTS				

PART II

IF STEP-PARENT ADOPTION, INFORMATION FOR BIRTH PARENT MUST ALSO BE COMPLETED.

INFORMATION AFTER ADOPTION - WILL APPEAR ON NEW CERTIFICATE

NAME OF CHILD AFTER ADOPTION							
FIRST	MIDDLE	LAST	SUFFIX				
FATHER/CO-PARENT (CHECK ONE)		FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX		
<input type="checkbox"/> Adoptive	STATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH	RACE			
<input type="checkbox"/> Single Parent	EDUCATION - SPECIFY HIGHEST GRADE COMPLETED						
<input type="checkbox"/> Natural	ELEMENTARY (1-8):	HIGH SCHOOL (1-4):	COLLEGE (1-5+):				
<input type="checkbox"/> Step-Parent							
MOTHER/CO-PARENT (CHECK ONE)							
<input type="checkbox"/> Adoptive	NAME PRIOR TO FIRST MARRIAGE (MAIDEN)		FIRST NAME		MIDDLE NAME	LAST NAME	SUFFIX
<input type="checkbox"/> Single Parent	CURRENT LEGAL NAME		FIRST NAME		MIDDLE NAME	LAST NAME	SUFFIX
<input type="checkbox"/> Natural	STATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH	RACE			
<input type="checkbox"/> Step-Parent	EDUCATION - SPECIFY HIGHEST GRADE COMPLETED						
	ELEMENTARY (1-8):	HIGH SCHOOL (1-4):	COLLEGE (1-5+):				
NUMBER OF LIVE BIRTHS PRIOR TO BIRTH OF THE ADOPTED CHILD		NUMBER OF ADOPTED CHILDREN PRIOR TO BIRTH OF ADOPTED CHILD		NUMBER OF FETAL DEATHS (STILLBIRTHS):			
NO. LIVING _____ <input type="checkbox"/> NONE LIVING	NO. DEAD _____ <input type="checkbox"/> NONE DEAD	NO. LIVING _____ <input type="checkbox"/> NONE LIVING	NO. DEAD _____ <input type="checkbox"/> NONE DEAD	_____ <input type="checkbox"/> NONE			
RESIDENCE OF ADOPTIVE MOTHER OR CO-PARENT AT TIME OF CHILD'S BIRTH							
NUMBER AND STREET		CITY, TOWN, OR LOCATION		COUNTY	STATE	ZIP CODE	
PRESENT ADDRESS OF ADOPTIVE PARENT(S)							
NUMBER AND STREET		CITY, TOWN, OR LOCATION		COUNTY	STATE	ZIP CODE	TELEPHONE NUMBER
NAME AND COMPLETE ADDRESS OF ATTORNEY							
NUMBER AND STREET		CITY, TOWN, OR LOCATION		COUNTY	STATE	ZIP CODE	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.

PROCESSING ADOPTION AND RECEIVING NEW CERTIFICATE

State law requires the submission of a \$15.00 fee to process this Certificate of Decree of Adoption. This fee does not include a new copy of the birth certificate after adoption. If you wish to receive a new copy of the birth certificate after adoption, attach an Application for a Vital Record to this form and an additional \$15.00 fee per each copy requested. For more information on ordering vital records, visit: www.health.mo.gov/vitalrecords or call: 573-751-6387.

PART IV

CERTIFICATION OF CLERK OF COURT

I hereby certify that there was a decree of adoption entered by the Circuit Court of this county on _____ day of _____ (month) _____ (year), 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: _____

(SEAL)

CAUSE OR CASE NO.	VOLUME PAGE NO.
CLERK OF THE CIRCUIT COURT	
DEPUTY CLERK	
NAME OF COURT	
FOR CITY OR COUNTY OF	