



COVER SHEET FOR BIRTH PARENT CONTACT PREFERENCE FORM

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.

You may change or update your contact preference. To do so, complete a Birth Parent Contact Preference Form and submit to the Bureau of Vital Records at the address listed below. A non-refundable fee of \$15 must accompany each form.

A NON-REFUNDABLE FEE OF \$15 MUST ACCOMPANY THIS FORM. Make check or money order payable to: **Missouri Department of Health and Senior Services.**

Mail to: Bureau of Vital Records, P.O. Box 570, Jefferson City, MO 65102-0570.

The Bureau of Vital Records cannot accept any additional items including letters or photos. Any additional materials cannot be retained and will be discarded.

PLEASE PRINT.

ORIGINAL (PRIOR TO ADOPTION) BIRTH CERTIFICATE INFORMATION

FULL NAME OF CHILD ON ORIGINAL BIRTH CERTIFICATE

CHILD'S DATE OF BIRTH

CHILD'S SEX

CHILD'S RACE

PLACE OF BIRTH (CITY, COUNTY)

HOSPITAL WHERE CHILD WAS BORN

NUMBER OF LIVE BIRTHS FROM THIS PREGNANCY

MOTHER'S INFORMATION

FULL NAME OF MOTHER ON ORIGINAL BIRTH CERTIFICATE

DATE OF BIRTH

FATHER'S INFORMATION

FULL NAME OF FATHER ON ORIGINAL BIRTH CERTIFICATE

DATE OF BIRTH

BIRTH PARENT'S CURRENT INFORMATION

BIRTH PARENT'S CURRENT NAME (FIRST, MIDDLE, LAST)

BIRTH PARENT'S RELATIONSHIP TO CHILD

Mother Father

BIRTH PARENT'S CURRENT MAILING ADDRESS - NUMBER AND STREET

CITY, STATE AND ZIP CODE

BIRTH PARENT'S CURRENT TELEPHONE NUMBER

BIRTH PARENT'S SIGNATURE

TODAY'S DATE



BIRTH PARENT CONTACT PREFERENCE FORM

Please indicate **your** preference regarding contact with the adoptee.

If you do not complete a contact preference form, a non-certified copy of the original (prior to adoption) birth certificate (without redactions) will be sent to the adoptee or the adoptee's attorney upon request.

Only the most recent version of the Birth Parent Contact Preference Form will be released to the adoptee or the adoptee's attorney.

Note that even if you complete this form and indicate no contact, the adoptee may contact you based on information received from other sources.

TODAY'S DATE

Please check only one box below and complete the corresponding information. PLEASE PRINT.

- Option 1: I prefer not to be contacted.** (Your identifying information will not be released.)
- Option 2: I prefer not to be contacted directly. I prefer to be contacted by the intermediary designated below.** (Your identifying information will not be released. The intermediary's contact information will be provided to the adoptee upon their request for a copy of the original birth certificate.)

INTERMEDIARY'S NAME

ADDRESS

PHONE

EMAIL/OTHER

- Option 3: I prefer to be contacted directly by the adopted person.** My contact information can be found below. (Your identifying information will be released.)

NAME

ADDRESS

PHONE

EMAIL/OTHER