



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

### BIRTH INFORMATION AS SHOWN ON FOREIGN BIRTH CERTIFICATE

COMPLETE ALL ITEMS

PLEASE TYPE OR PRINT USING BLACK INK ONLY

#### INFORMATION ABOUT CHILD

1. CHILD'S ORIGINAL NAME ( <i>FIRST, MIDDLE, LAST</i> ) 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 ( <i>FIRST, MIDDLE, LAST</i> )		3. DATE OF BIRTH ( <i>MONTH/DAY/YEAR</i> )	
4. BIRTHPLACE – CITY		5. BIRTHPLACE – COUNTRY	
6. HOSPITAL NAME ( <i>IF KNOWN</i> )	7. SEX OF CHILD <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	8. PLURALITY – Single, Twin, Triplet, etc. ( <i>Specify</i> )	9. IF NOT SINGLE BIRTH – Born First, Second, Third, etc. ( <i>Specify</i> )
10. NATURAL MOTHER'S NAME ( <i>FIRST, MIDDLE, MAIDEN NAME</i> )			
11. NATURAL FATHER'S NAME ( <i>FIRST, MIDDLE, LAST</i> )			

#### INFORMATION FOR ADOPTING MOTHER

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

12. FULL MAIDEN NAME ( <i>FIRST, MIDDLE, MAIDEN NAME</i> )		13. DATE OF BIRTH ( <i>MONTH/DAY/YEAR</i> )	
14. STATE OF BIRTH OR COUNTRY ( <i>IF OUTSIDE U.S.</i> )	15A. RESIDENCE <u>AT TIME OF CHILD'S BIRTH</u> ( <i>STATE</i> )	15B. COUNTY	
15C. CITY OR TOWN	15D. INSIDE CITY LIMITS <input type="checkbox"/> YES <input type="checkbox"/> NO	15E. STREET AND NUMBER	
16. RACE	17. EDUCATION ( <i>HIGHEST GRADE COMPLETED</i> )	18. SOCIAL SECURITY NUMBER	
19. NUMBER OF LIVE BIRTHS PRIOR TO BIRTH OF ADOPTED CHILD – NUMBER LIVING _____ <input type="checkbox"/> NONE NUMBER DEAD _____ <input type="checkbox"/> NONE			
20. NUMBER OF ADOPTED CHILDREN PRIOR TO BIRTH OF ADOPTED CHILD – NUMBER LIVING _____ <input type="checkbox"/> NONE NUMBER DEAD _____ <input type="checkbox"/> NONE			
21. NUMBER OF FETAL DEATHS (STILLBIRTHS): _____ <input type="checkbox"/> NONE			

#### INFORMATION FOR ADOPTING FATHER

22. FULL NAME ( <i>FIRST, MIDDLE, LAST</i> )		23. DATE OF BIRTH ( <i>MONTH/DAY/YEAR</i> )	24. STATE OF BIRTH OR COUNTRY ( <i>IF OUTSIDE U.S.</i> )
25. RACE ( <i>SPECIFY</i> )	26. EDUCATION ( <i>HIGHEST GRADE COMPLETED</i> )	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 ( <i>PLEASE INCLUDE AREA CODE</i> ) (      )