



**CIRCUIT COURT OF PLATTE COUNTY MISSOURI  
Juvenile Division**

508 Third Street  
Suite 85  
Platte City, MO 64079-8455  
Email: Platte.County.Juvenile@courts.mo.gov

PH: (816) 858-3420  
Fax: (816) 858-3411

**ADOPTION INFORMATION REQUEST**

To submit a request for adoption information, print this form and include proof of identity such as a copy of your birth certificate, driver's license, or social security card. Email, mail or fax to the above address – ATTN: Rhonda Haight

NAME (Full) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

*To identify the court adoption file, please complete the following to the best of your knowledge.*

COURT ADOPTION FILE NUMBER: \_\_\_\_\_  
BIOLOGICAL NAME: \_\_\_\_\_  
ADOPTIVE NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
ADOPTIVE PARENTS: \_\_\_\_\_  
BIOLOGICAL PARENTS: \_\_\_\_\_

*Please check appropriate item*

- I request **non-identifying information** regarding the biological parents (physical description, nationality, religious background, type of employment, reason for adoption, education, ethnic origin and medical history, if known).
- I request **identifying information** regarding my biological parents. I understand this would require locating them and any such search must be conducted as permitted by law.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE