



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

LINEAL DESCENDANTS ADOPTION INFORMATION REQUEST

To submit a request, print this form and include

1. The death certificate of the deceased adopted adult.
2. Proof of your identity such as a copy of your birth certificate, driver's license, or social security card.

Email, mail, fax information to the above address – ATTN: Rhonda Haight

YOUR 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 OF DECEASED ADOPTED ADULT: _____

ADOPTIVE NAME OF DECEASED ADOPTED ADULT: _____

DATE OF BIRTH OF DECEASED ADOPTED ADULT: _____

DECEASED ADOPTED ADULT'S ADOPTIVE PARENTS NAMES: _____

DECEASED ADOPTED ADULT'S BIOLOGICAL PARENTS NAMES: _____

Please check appropriate item

I request **non-identifying information** regarding the biological parents of the named deceased adoptive adult (physical description, nationality, religious background, type of employment, reason for adoption, education, ethnic origin and medical history, if known).

I request **identifying information** regarding the biological parents of the deceased adoptive adult. I understand this would require locating them and any such search must be conducted as permitted by law.

DATE

SIGNATURE