CATHOLIC CHARITIES OF KANSAS CITY – ST. JOSEPH, INC.

PARENTAL CONSENT FORM

Adoptee Name: _____

Adoptee DOB: _____

ADOPTIVE PARENTS CONSENT TO MISSOURI FAMILY/COUNTY COURT TO INITIATE OR ALLOW CONTACT BETWEEN AN ADULT ADOPTEE AND HIS OR HER BIRTHPARENTS.

I, _____, the adoptive father of _____, an adult born on _____ and adopted/or placed for adoption in Missouri, do voluntarily consent to the appropriate Missouri court to disclose identifying information about his or her biological parents, upon written consent of the biological parents. I understand that identifying information to be given to my adoptive son/daughter _____ may include the biological parent's name(s), address(es), telephone number(s), birth date(s), and place(s) of birth.

_____
Signature

I, _____, the adoptive mother of _____, an adult born on _____ and adopted/or placed for adoption in Missouri, do voluntarily consent to the appropriate Missouri court to disclose identifying information about his or her biological parents, upon written consent of the biological parents. I understand that identifying information to be given to my adoptive son/daughter _____ may include the biological parent's name(s), address(es), telephone number(s), birth date(s), and place(s) of birth.

_____
Signature

State of _____)
) SS.
County of _____)

On this _____ day of _____, 20__, before my personally appeared _____ _____ and _____, to me known to be the persons described in and who executed the foregoing instrument, and upon first being sworn on oath, deposed and said that the facts stated herein are true.

_____
Signature

My commission expires: _____