www.TheAdoptionSearchConnection.com

Phone (816) 540-3610 Email: TheAdoptionSearchConnection@gmail.com

(Please print)	Search Agreement/ Lineal Descendent
Adoptee name at time of death:	
Birth name (if known)	
Date of Birth:	Date of Death:
Name of Orphanage/Children's Ho	me :
County/State Court that took care of	f the adoption:
Adoptive Father and Mother names	:
Adoption Court File Number	Search fee: \$350
Previous genealogical DNA testing	? Yes No
been informed of the law pertaining wishes of the biological parents or retainer fee (\$350) and that I will b the choice of continuing the search court paperwork and will help to fa consent and court approval, if require Name of Person Making the Reque	search conducted for the biological parents of my relative named above. I have g to adoption searches (Section 453.121 RSMo). I am willing to abide by the their descendants, if found, regarding the amount of contact. I am aware of the e notified, in advance, if the search will require additional fees. I will then have or closing it. The Searcher will perform the search, will complete the required cilitate the first contact between myself and the biological family, upon their red.
Phone Number:	
Email address:	
Relationship to Person Named on Record:	
Signature	Date
STATE OF)
COUNTY OF)
On thisday personally appeared	of, 20, before me, the undersigned Notary Public, known to me to be the person whose name is subscribed to the

within instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof, I have hereunto set my hand and official seal.