



**CIRCUIT COURT OF JACKSON COUNTY, MISSOURI  
FAMILY COURT DIVISION**

625 East 26th Street  
Kansas City, Missouri 64108

Rosalee Schottel  
Legal Assistant

816-435-4788

IN THE INTEREST OF:

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
DOB: \_\_\_\_\_

**BIOLOGICAL PARENT(S) CONSENT TO FAMILY COURT TO  
DISCLOSE IDENTIFYING INFORMATION TO THE ADOPTED ADULT**

I, \_\_\_\_\_, the biological parent of \_\_\_\_\_, an adult born on \_\_\_\_\_ and adopted in Jackson County, Missouri, do voluntarily consent to the Jackson County Family Court to disclose identifying information about myself, including my name, address, telephone number, birth date, and place of birth to my biological son/daughter \_\_\_\_\_. Please state any special instructions adopted adult should follow when making contact. \_\_\_\_\_

\_\_\_\_\_  
**Biological Parent**

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_ 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.

\_\_\_\_\_  
**Notary Public**

**My Commission Expires:**

\_\_\_\_\_

