



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:

File Number: _____

DOB: _____

**ADULT SIBLING CONSENT TO FAMILY COURT TO DISCLOSE
IDENTIFYING INFORMATION TO THE ADULT ADOPTEE SIBLING**

I, _____, the adult sibling of _____, an adopted adult, whose adoption was finalized in Jackson County, or whose biological parents had their parental rights terminated in Jackson County, do voluntarily consent that the Family Court Division, 16th Judicial Circuit of Missouri, may disclose identifying information about myself, including but not limited to, my name, address, telephone number, birth date, and place of birth, to my adult adoptee sibling.

Adult Sibling's Signature

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:
