

Phone (816) 540-3610

www.adoptionsearchservices.com

Email: LbLongci@gmail.com

Full Search Agreement

(Please print)

Name: _____ Address: _____

Birthdate: _____ City/State/Zip: _____

Phone #: _____ Email Address: _____

County/State Court that handled adoption _____

Maternity Home/Adoption agency handling the adoption _____

Adoptive Parent's Names _____

Court Adoption file # (if known) _____

Retainer fee: \$350

Previous genealogical DNA testing? Yes No

I am interested in having a search conducted for my biological parents. I have been informed of the law pertaining to adoption searches. I am willing to abide by the wishes of my biological parents, if found, regarding the amount of contact. I am aware of the retainer fee (\$350) and that I will be notified, in advance, if the search will require additional fees. I will then have the choice of continuing the search or closing it. The Searcher will perform the search, will complete the required court paperwork and will help to facilitate the first contact between myself and my biological parents, upon their consent and court approval, if required.

Signature of Adoptee

Date

(Notary Signature Required)

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 purpose therein contained.

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

Notary Public

My commission expires:

Note: A written copy of the Missouri Statute Section 453.121 RSMO is available online at www.moga.state.mo.us/statutes/c400-499/4530000121.htm or by request to the Searcher or Court.