Phone (816) 540-3610	www.adoptionsearchservices.com		Email:	LbLongci@gmail.com
	Fu	ll Search Agreement		
(Please print)				
Name:		Address:		
Birthdate:		_ City/State/Zip:		
Phone #:		_ Email Address:		
County/State Court that handled ad	option			
Maternity Home/Adoption agency	handling the ad	option		
Adoptive Parent's Names				
Court Adoption file # (if known)			Retainer fee:	<u>\$350</u>
Previous genealogical DNA testing	? Yes	No		

I am interested in having a search conducted for my biological parents. I have been informed of the Missouri law pertaining to adoption searches (Section 453.121 RSMo). 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.

Signature of Adoptee		Date		
(Notary Signature Required)				
STATE OF)			
COUNTY OF)			
On this day of	, 20	, before me, the undersigned Notary Public, personally appeared		
and acknowledged that he/she executed the		e to be the person whose name is subscribed to the within instrument prose therein contained.		
In witness whereof, I have hereunt	to set my hand a	and official seal.		
	Notary Public	;		

My commission expires: