



TEXAS
Health and Human
Services

Texas Department of State
Health Services

OFFICE USE ONLY	<input type="checkbox"/> CHECK	<input type="checkbox"/> MONEY ORDER
REMITTANCE NO. _____	CERT. # _____	
DATE _____	AMOUNT \$ _____	

APPLICATION FOR IDENTITY OF COURT OF ADOPTION

PLEASE PRINT CLEARLY.

INCLUDE A COPY OF YOUR (APPLICANT) VALID ID WHEN SENDING IN THE REQUEST. APPLICATION MUST BE ORIGINAL (INCLUDING SIGNATURE). NO CROSS OUT OR WHITE OUT WILL BE ACCEPTED.

Step 1: YOUR INFORMATION AND SHIPPING ADDRESS (PLEASE PRINT)

Your Name (First, Middle, Last Name):			
Street Address:	City:	State:	Zip Code:
Email Address:		Daytime Phone Number:	
<input type="checkbox"/> I authorize mailing to the address below instead of my mailing address listed above.			
Name:			
Address to Send to if different than noted above:	City:	State:	Zip Code:

Step 2: INFORMATION FOR PERSON NAMED ON RECORD (Must be completed to Identify Record Requested)

FULL ADOPTIVE NAME OF PERSON ON RECORD:	First Name	Middle Name	Last Name
DATE OF BIRTH:	Month	Day	Year
SEX:			
PLACE OF BIRTH:	City or Town	County	State
FULL NAME OF ADOPTIVE PARENT 1:	First Name	Middle Name	Maiden Last Name (Before first marriage)
FULL NAME OF ADOPTIVE PARENT 2:	First Name	Middle Name	Maiden Last Name (Before first marriage)

Step 3: COST & FEES (NOT REFUNDABLE, if Record Not found)

Select Record Type:	Qty	Price/each	Total
<input type="checkbox"/> Identity of Court of Adoption	1	x \$10.00	\$10.00
For urgent requests, orders may be EXPEDITED by sending the order through an overnight mail service, such as: FEDEX, LoneStar, or UPS to our physical address: DSHS – VSS MC 2096, 1100 W. 49th St., Austin, TX 78756 and paying the below expedited processing fee.			
<input type="checkbox"/> Expedited Processing (estimated 20-25 business)			\$5.00
All orders are returned free of charge by USPS regular mail. For expedited return mail service, select one of the overnight return shipping methods below.			
<input type="checkbox"/> Overnight Return Mail (for shipping within USA)			\$12.50
<input type="checkbox"/> USPS Express Return Mail (for shipping to PO Box ONLY)			\$22.95
Total Due:			\$

Make check or money order payable to **DSHS – Vital Statistics.**

Mail completed form, payment and valid ID to: **DSHS -VSS, P.O. Box 12040, Austin, TX 78711-2040.** Regular orders are processed and mailed 6 – 8 weeks after receipt of the request.

The applicant must include a photocopy of his or her valid photo ID issued by a governmental entity. Visit our website for a current list of acceptable identification in English (<http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs/>) and Spanish ([http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs-\(Spanish\)/](http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs-(Spanish)/)).

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003.)

READ & SIGN (Applications without signatures or attached valid ID will NOT be accepted for processing)

Signature of Applicant _____ Date Signed (MM/DD/YYYY) ____/____/____