VOLUNTARY CENTRAL ADOPTION REGISTRY APPLICATION INSTRUCTIONS

Complete the 2-page Voluntary Central Adoption Registration application and mail it and the following items to:

VSS – CAR
DSHS MC2096
P.O. Box 149347
Austin, TX 78714-9347

_____ A $30.00 check or money order, payable to: DSHS
_____ Proof of age and identity in the form of a photo ID, i.e., a current driver’s license, passport, or State ID, and
_____ If your name has changed due to marriage, a copy of a legal document that includes your maiden name, i.e., a copy of a birth or marriage certificate.
_____ If you are a biological sibling, a copy of your birth certificate must be included in order to verify the biological relationship;
_____ If your name has been legally changed, a certified copy of the court order verifying the name change should accompany the request.

Information for the Adoptee:
If a child-placing agency was involved in your placement, you may be able to request a non-identified/redacted copy of your adoption record from the adoption agency files. Vital Statistics Unit houses records from many closed child-placing agencies. To review the list of available closed child-placing agency records that we maintain, please visit online at:

http://www.dshs.state.tx.us/vs/reqproc/adoptagencies.shtm

All Applicants: Please note that processing your Registry application may take as long as 45 days. If you have any questions, please contact our office at 1-888-963-7111 x7388 or x6279.
Texas Voluntary Central Adoption Registry

REGISTRATION APPLICATION

Part I: REGISTRANT INFORMATION (all applicants complete this section)

<table>
<thead>
<tr>
<th>NAME – First</th>
<th>Middle</th>
<th>Last</th>
<th>Maiden Name</th>
<th>Suffix</th>
</tr>
</thead>
</table>

OTHER NAMES USED (including married, aliases, nicknames)

<table>
<thead>
<tr>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Male</td>
</tr>
</tbody>
</table>

Birth Date | Age | Social Security Number | E-mail address |

Mailing Address | City | State | Zip |

Telephone (including Area Code) | Birth City | Birth County | Birth State/Country |

I am: (check all that apply)

☐ Adoptee ☐ Birth Mother ☐ Birth Father ☐ Birth Sibling

Part II: INFORMATION TO BE COMPLETED BY ADOPTEE (complete as many items as possible)

How old were you when you were placed in your adoptive home?

Adoptive Parent’s name (including maiden name) | Date of Birth | Their religious affiliation |

Was child welfare or child protective services involved?

Name of Birth Mother | Unknown | Date of birth and her age at time of your birth | Delivering Doctor’s name |

Name of Birth Father | Unknown | His date of birth and his age at time of your birth |

If yes, where was the child living when removed from care (city and/or county)? Year of removal |

Name of Birth Mother’s Religious Affiliation

Part III: INFORMATION TO BE COMPLETED BY BIRTH PARENT(S) (complete as much as possible)

If you are registering for more than one child, please complete a separate application for each child.

Birth name of child (First, Middle, Last, Maiden) | Unknown | Adoptive name of child (First, Middle, Last, Maiden) | Unknown |

Date of birth of child (if unknown, give year and approximate time of year) | Sex |

Hospital or maternity home | Agency of Adoption | City and/or County of Birth & State | Delivering Doctor’s Name |

Did the birth mother use an alias at the hospital or maternity home? | If yes, state name used. |

Birth mother’s full name (include maiden name and all married names) | Date of birth and age at child’s birth | State/city of birth |

Birth father’s name and last known address | Date of birth and age at child’s birth | State/city of birth |

Was the birth mother married at the time of this child’s birth? If yes, please provide husband’s name |

Was child welfare or child protective services involved? | If yes, where was the child living when removed from care (city and/or county)? Year of removal |

Your other children:

Name of child (and any aliases or nicknames) | Maiden name | Date of Birth | Place of Birth | City/State |

Name of Other Birth Parent and Date of Birth |
Part IV: INFORMATION TO BE COMPLETED BY BIRTH-SIBLING (complete as many items as possible)

If there is more than one sibling you are registering for, please duplicate this page, as needed.

<table>
<thead>
<tr>
<th>Is the sibling you are looking for:</th>
<th>If half-sibling, are you related by:</th>
<th>What order in the biological mother’s family is this child? (example, first of five)</th>
<th>Male</th>
<th>Female</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ full-sibling OR ☐ half-sibling</td>
<td>☐ mother ☐ father</td>
<td>☐ ☐ ☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Adoptive name of child (First, Middle, Last, Maiden)</td>
<td>Birth Name of Child</td>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Unknown</td>
<td>Date of birth of child</td>
<td>City of Birth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth mother’s name, include (maiden name) and all married names.</td>
<td>Her date of birth and age at time of child’s birth</td>
<td>Her city/state of birth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was an alias used by the birth mother at the hospital or maternity home?</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td>If yes, state named used</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth father’s name</td>
<td>Birth father’s date of birth and age</td>
<td>His city/state of birth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the birth mother married at the time of this child’s birth?</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td>If, yes please provide her husband’s name, his date of birth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was child welfare or child protective services involved?</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td>If yes, where was the child living when removed from care (city and/or county)? And with whom?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you are a sibling, please provide:</td>
<td>☐ Unknown</td>
<td>Your birth father’s full name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your birth mother’s full name including maiden and all married names</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you are adopted, your adopted or legal parent’s full name, including (maiden) and date of birth</td>
<td></td>
<td>If you are adopted, your adopted or legal parent’s full name, including (maiden) and date of birth</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Why do you believe you have an adopted biological sibling(s)?

<table>
<thead>
<tr>
<th>Names of birth siblings you are not looking for</th>
<th>Maiden Name</th>
<th>Date of Birth</th>
<th>Place of Birth</th>
<th>Half-Sibling Or Full-Sibling</th>
<th>Name of Birth Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Full ☐ Half</td>
<td>☐ ☐ ☐</td>
</tr>
</tbody>
</table>

Part V: COMMENTS SECTION (story of placement, additional information not listed above) Use separate page if needed.

Part VI: ALL APPLICANTS COMPLETE THIS SECTION

I am willing to allow my identity to be disclosed to those registrants eligible to learn my identity ......................... ☐ yes ☐ no
I authorize the administrator of the registry to inspect all vital statistics records, court records, hospital records and agency records including confidential records. ................................................................. ☐ yes ☐ no
I consent to the disclosure of my identity after my death. ............................................................................................................. ☐ yes ☐ no
For adoptees only: I want to be informed if registry records indicate that a biological sibling has also registered .... ☐ yes ☐ no

Your application is good for 99 years unless you state a shorter period of time here……………………………………………………
I certify that the information contained in this form is true and correct to the best of my knowledge.

X Signature ___________________________________________________ Date __________________

Mail application, proof of ID and $30, payable to DSHS:
VSS – CAR (MC 1966), PO Box 149347, Austin TX 78714-9347