

**STATE OF TEXAS
CERTIFICATE OF ADOPTION
THIS IS A PERMANENT RECORD – PLEASE TYPE OR PRINT ONLY**

SECTION 1 PLEASE FURNISH THE BIRTH CERTIFICATE INFORMATION CURRENTLY ON FILE IN THE VITAL STATISTICS OFFICE. THIS INFORMATION IS NECESSARY TO LOCATE THE BIRTH CERTIFICATE

| | | | | | | |
|----------------------------|--|--------------------|--|------------------------------------|----------|----------------------------|
| ORIGINAL BIRTH INFORMATION | 1 NAME OF CHILD (BEFORE THIS ADOPTION) FIRST MIDDLE LAST | | | 2 DATE OF BIRTH (mm/dd/yyyy) | | 3 SEX |
| | 4 TIME OF BIRTH | 5 NAME OF HOSPITAL | | 6 CITY | 7 COUNTY | 8 STATE OR FOREIGN COUNTRY |
| | 9 PARENT FIRST MIDDLE LAST MAIDEN | | | 10 PARENT FIRST MIDDLE LAST MAIDEN | | |

SECTION 2 PLEASE ENTER THE INFORMATION AS IT IS TO APPEAR ON THE NEW BIRTH RECORD. All information below MUST be provided or a new birth certificate cannot be completed. Single-Parent Adoption – Complete Only The Appropriate Information Regarding The Adopting Parent

| | | | | | |
|---|---|---|--|--|--|
| 11. Is This a Step-Parent Adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 12. Is This a Single Parent Adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 13. Do You Want The Birth Record Changed Based on the Adoption Decree? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Adoptive <input type="checkbox"/> Biological | 14 TITLE OF PARENT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT | | 15 NAME OF PARENT FIRST MIDDLE CURRENT LAST NAME LAST NAME BEFORE MARRIAGE | | 16 DATE OF BIRTH |
| | 17 PLACE OF BIRTH (STATE OR FOREIGN COUNTRY) | | 18 PARENT'S SOCIAL SECURITY NO. (WILL NOT APPEAR ON THE BIRTH CERTIFICATE) | | |
| <input type="checkbox"/> Adoptive <input type="checkbox"/> Biological | 19 TITLE OF PARENT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT | | 20 NAME OF PARENT FIRST MIDDLE CURRENT LAST NAME LAST NAME BEFORE MARRIAGE | | 21 DATE OF BIRTH |
| | 22 PLACE OF BIRTH (STATE OR FOREIGN COUNTRY) | | 23 PARENT'S SOCIAL SECURITY NO. (WILL NOT APPEAR ON THE BIRTH CERTIFICATE) | | |
| PARENT(S) ADDRESS AT THE TIME OF CHILD'S BIRTH | 24 STREET ADDRESS CITY COUNTY STATE ZIP | | | | 25 INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PARENT(S) CURRENT ADDRESS | 26 STREET ADDRESS CITY STATE ZIP | | | | 27 PARENT(S) TELEPHONE NUMBER: |
| 28 PARENT(S) EMAIL ADDRESS | | 29 SIGNATURE OF PARENT(S) | | | |
| MAIL BIRTH CERTIFICATE TO: | <input type="checkbox"/> Attorney <input type="checkbox"/> Parent(s) <input type="checkbox"/> Clerk's Office | 30 MAILING ADDRESS | | CITY | STATE |
| | | | | ZIP | |

SECTION 3 PLEASE PROVIDE THE INFORMATION BELOW FOR THE CENTRAL ADOPTION REGISTRY

| | | | | | |
|--|--|--|---------------------------------------|-----------------------------|--|
| CENTRAL ADOPTION REGISTRY INFORMATION | 31 BIOLOGICAL MOTHER FIRST MIDDLE LAST (MAIDEN) | | | 32 SSN | |
| | 33 BIOLOGICAL MOTHER'S DATE OF BIRTH | | 34 BIOLOGICAL MOTHER'S PLACE OF BIRTH | | |
| | 35 BIOLOGICAL FATHER FIRST MIDDLE LAST | | | 36 SSN | |
| | 37 BIOLOGICAL FATHER'S DATE OF BIRTH | | 38 BIOLOGICAL FATHER'S PLACE OF BIRTH | | |
| ATTORNEY | 39 NAME OF ATTORNEY OF RECORD | | | 40 ATTORNEY'S EMAIL ADDRESS | |
| | 41 MAILING ADDRESS OF ATTORNEY | | | 42 TELEPHONE NUMBER | |
| PLACING AGENCY OR MANAGING CONSERVATOR | 43 NAME OF CHILD PLACING AGENCY OR MANAGING CONSERVATOR | | | | |
| | 44 MAILING ADDRESS OF CHILD PLACING AGENCY OR MANAGING CONSERVATOR | | | 45 TELEPHONE NUMBER | |

SECTION 4 CERTIFICATION OF THE COURT Please complete the child's name as set forth in the Decree of Adoption

46. NAME OF THE CHILD AS SET FORTH IN THE ADOPTION DECREE:

| | | |
|-------|--------|------|
| FIRST | MIDDLE | LAST |
| | | |

47. I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AS STATED IN THE DECREE OF ADOPTION WHICH WAS GRANTED ON _____ DAY OF _____ IN THE _____ COURT OF _____ COUNTY, TEXAS IN CAUSE # _____.

DISTRICT CLERK'S SIGNATURE

CERTIFICATE OF ADOPTION INSTRUCTIONS

These instructions are designed to assist you in the proper completion of the Certificate of Adoption. Should you have any questions, please contact our office toll free at 888-963-7111 for assistance. **PLEASE TYPE OR PRINT LEGIBLY.**

SECTION 1

The information in this section relates to the child's information currently on file in the Vital Statistics Office. Enter the name of the child prior to adoption in item 1. This information must be supplied to enable us to locate the adoptee's current certificate of birth.

SECTION 2

Item #11 If this is a step-parent adoption, the information concerning the biological parent (s) **MUST** also be furnished.

Item # 12 If this is a single parent adoption, please complete the appropriate information regarding adopting parent.

A step-parent adoption is not a single-parent adoption.

Item #13 If a NEW certificate is to be prepared, mark "YES".

Items #14 through #28 this information relates to the adoptive parents. Some of this information will be transferred to the NEW certificate of birth.

Item #30 should be completed to indicate if the Attorney, Parent(s), or District Clerk will receive the new birth certificate and provide the current mailing address of the recipient.

SECTION 3

Items #31 through #38 are for the Central Adoption Registry. Please provide the requested information obtained on the biological parent(s) at the time of the adoption and/or termination of parental rights.

Items #39 through #42 Enter the name, mailing address, email address and telephone number of the attorney of record.

Items #43 through #45 Enter the information relating to the child placing agency or managing conservator.

SECTION 4

Items #46 through #47, should be completed by the Clerk of the Court. This section **MUST** be completed to show the child's name after adoption as shown in the final decree of adoption. If Section 4 is not completed by the clerk of the court granting the adoption, a **CERTIFIED COPY** of the final decree of adoption **MUST** be attached to the certificate of adoption form and will be retained by our office.

EXPLANATION OF FEES:

FOR CHILDREN BORN IN TEXAS OR A FOREIGN COUNTRY, THE FEE TO FILE A NEW BIRTH CERTIFICATE BASED ON ADOPTION IS \$47.00. THE \$47.00 FEE INCLUDES THE REQUIRED \$25.00 FEE TO FILE THE ADOPTION AND THE \$22.00 FEE TO ISSUE ONE CERTIFIED COPY OF THE NEW BIRTH CERTIFICATE. (ADDITIONAL CERTIFIED COPIES ARE \$22.00 EACH)

THE \$15.00 CENTRAL ADOPTION REGISTRY (CAR) FEE IS REQUIRED ON EACH ADOPTION DECREE GRANTED IN TEXAS. IF THE CHILD WAS BORN IN ANOTHER STATE AND THE ADOPTION WAS GRANTED IN TEXAS, ONLY THE \$15.00 CAR FEE IS REQUIRED.

FOR ADOPTIONS GRANTED IN OTHER US STATES OR TERRITORIES THE CENTRAL ADOPTION REGISTRY FEE OF \$15.00 IS NOT REQUIRED.

A TOTAL FEE OF \$62.00 MAY BE SUBMITTED IN ONE PAYMENT MADE PAYABLE TO TEXAS VITAL STATISTICS.

MAIL THE PROPERLY COMPLETED CERTIFICATE OF ADOPTION WITH THE
APPROPRIATE FEES TO:

VITAL STATISTICS UNIT
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
PO BOX 12040
AUSTIN TX 78711-2040



OFFICE USE ONLY



OFFICE USE ONLY

Remit No
By ZZ 708-153

MAIL APPLICATION FOR BIRTH AND DEATH RECORD

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.

Make check or money orders payable to: DSHS - Vital Statistics. All funds are deposited directly to the Texas Comptroller of Public Accounts. For any search of the files where a record is not found, the searching fee is not refundable or transferable.

| Birth Certificates | | | | Death Certificates | | | |
|---|--------|--------------|-------|---|--------|--------------|-------|
| Type | Cost X | # of copies= | Total | Type | Cost X | # of copies= | Total |
| Standard Size <input type="checkbox"/> Long form <input type="checkbox"/> | \$22 | | | Certified Copy (1 copy) | \$20 | | |
| Heirloom Flag <input type="checkbox"/> Bassinet <input type="checkbox"/> | \$60 | | | Additional Copies | \$3 | | |
| Total (Check or money order payable to DSHS) | | | | Total (Check or money order payable to DSHS) | | | |

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)

| | | | |
|-------------------------------|--------------|-------------|-----------------------|
| Full Name of Person on Record | First Name | Middle Name | Last Name |
| Date of Birth/Death | Month | Day | Year |
| Place of Birth/Death | City or Town | County | State |
| Full Name of Parent 1 | First Name | Middle Name | Maiden Name/Last Name |
| Full Name of Parent 2 | First Name | Middle Name | Maiden Name/Last Name |

APPLICANT INFORMATION (Part II)

| | | |
|--|------------------------------------|---------------|
| Applicant Name | Telephone # | Email Address |
| Full Mailing Address | Street Address | City |
| | State | Zip |
| Relationship to person listed above | Purpose for obtaining this record: | |
| <input type="checkbox"/> I authorize mailing to the address below. I have verified that the address below will receive my order. | | |
| Name of Person Receiving Copies, if Different from Applicant | | |
| Mailing Address for Copies, if Different from Applicant | | |
| City | State | Zip |

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III)

STATE OF _____ COUNTY OF _____ Before me on this day appeared _____
(Applicant name)

now residing at _____
(Address) (City) (State)

who is related to the person named on Part I as _____ and who on oath deposes and says that the contents of this affidavit are true and correct.
(Relationship)

The applicant presented the following type and number of identification: _____

Applicant Signature _____

(Seal)

Sworn to and subscribed before me, this ____ day of ____, 20____.

Signature of Notary Public and Notary ID Number _____

Typed or Printed Name: _____

Commission Expires: _____

Street Address: _____

City, State, Zip: _____

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR 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.)

MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO:
Texas Vital Records Department of State Health Services
P.O. Box 12040 Austin, TX 78711-2040