



TEXAS
Health and Human
Services

Texas Department of State
Health Services

OFFICE USE ONLY

CHECK MONEY ORDER

REMITTANCE NO. _____

DATE _____ AMOUNT \$ _____

CENTRAL ADOPTION REGISTRY REQUEST FOR RECORDS

In 1984, we started collecting and maintaining social and medical information on private non-related adoptions. We also have records from many out-of-business child-placing agencies. To review the list of available records that we maintain, please visit us online at: <http://www.dshs.state.tx.us/vs/reqproc/adoptagencies.shtm>

As required by law, we will redact the confidential portion of the record. Specifically, Texas Family Code §162.0062 - Access to Information, requires us to edit the record to protect the identity of the biological parents and any other person whose identity is confidential.

TO REQUEST A COPY OF YOUR RECORD, PLEASE COMPLETE THE FOLLOWING:

The information you are able to provide us with will help us locate and process your request promptly.

Your Name Today:		
Your Mailing Address:		
City	State	Zip
Phone: ()	Email Address:	
I am the: <input type="checkbox"/> Adoptee <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Other _____		
Full Adopted Name (Including Maiden)		
The Adopted Person is a: <input type="checkbox"/> Male <input type="checkbox"/> Female	Adoptee's Date of Birth	Adoptee's Place of Birth
Child Placing Agency: <input type="checkbox"/> Unknown		
State and County of Adoption: <input type="checkbox"/> Unknown	Adoptee's Age at adoption: <input type="checkbox"/> Newborn <input type="checkbox"/> Toddler <input type="checkbox"/> Child <input type="checkbox"/> Teenager	
Adoptive Father's Name:	Adoptive Mother's Name (including her maiden name):	
Reason(s) for requesting records: <input type="checkbox"/> Medical <input type="checkbox"/> Heritage		

Signature

Date

Your request must be accompanied with a

- copy of a valid photo ID, i.e., a copy of your driver's license, passport, or State identification, and
- copy of a government-issued document that includes your maiden name, if applicable

We will respond to your request within 10 business days after the date it is received by our department. Once you have completed this form, please send it along with a copy of the requested identification to:

DSHS-VSS Central Adoption Registry MC 1966
PO Box 149347
Austin, Texas 78714-9347

PLEASE NOTE: If your record is 50 pages or less, there will not be a charge assessed to receive a copy. If the record is 50 pages or more, we will contact you with an estimate before proceeding with processing the record.