



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

VSU Form 2271 (7/09)

Form section for Part I containing fields for Name (First, Middle, Last, Maiden Name, Suffix), Other Names Used, Sex, Birth Date, Age, Social Security Number, E-mail address, Mailing Address, Telephone, Birth City, Birth County, Birth State/Country, and I am: (Adoptee, Birth Mother, Birth Father, Sibling).

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

Form section for Part II containing fields for How old were you when you were placed in your adoptive home?, County of Adoption, Date of adoption, Adoptive Mother's name, Date of Birth, Her religious affiliation, What city and/or county were your adoptive parents living in when you were placed with them?, Adoptive Father's name, Date of Birth, His religious affiliation, Was an adoption agency used?, Attorney's Name, address & phone no., Was child welfare or child protective services involved?, If yes, where was the child living when removed from care, Name of Birth Mother, Her date of birth and her age at time of your birth, Delivering Doctor's name, Name of Birth Father, His date of birth and his age at time of your birth, Are you aware of any siblings?, Year of removal.

Part III: INFORMATION TO BE COMPLETED BY BIRTH PARENT (complete as much as possible)
If you are looking for more than one child, please complete a separate application for each child.

Form section for Part III containing fields for Birth name of child, Adoptive name of child, Date of birth of child, Sex, Hospital or maternity home, City and/or County of Birth & State, Delivering Doctor's Name, Did the birth mother use an alias at the hospital or maternity home?, Birth mother's religious affiliation, Birth mother's name at birth of child, 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 the child placed with an adoption agency?, If yes, name of agency, If no, name of attorney or law firm, Was child welfare or child protective services involved?, If yes, where was the child living when removed from care, Year of removal.

Your other birth children:

Table with 5 columns: 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 searching for, please duplicate this page, as needed.**

| Is the sibling you are looking for a:<br><input type="checkbox"/> Full-sibling OR <input type="checkbox"/> Half-sibling  |  | If half-sibling, are you related by:<br><input type="checkbox"/> Mother <input type="checkbox"/> Father |  | What order in the biological mother's family is this child?<br>(Example, first of five)        |  | <input type="checkbox"/> Male <input type="checkbox"/> Female<br><input type="checkbox"/> Unknown |                           |
|--|--|---|--|--|--|---|---------------------------|
| Adoptive name of child (First, Middle, Last, Maiden)<br><input type="checkbox"/> Unknown   |  |   |  | Birth Name of Child<br><input type="checkbox"/> Unknown  |  |   |                           |
| Date of birth of child   |  | City of Birth   |  | County of Birth  |  | Hospital  |                           |
| Birth mother's name at birth of child, including maiden name   |  |   | Her date of birth and age at time of child's birth |  | Her city/state of birth  |   | Her religious affiliation |
| Was an alias used by the birth mother at the hospital or maternity home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |   |  | If yes, state named used   |  |   |                           |
| Birth father's name  |  |   | Birth father's date of birth and age               |  | His city/state of birth  |   |                           |
| Was the birth mother married at the time of this child's birth?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown       |  |   |  | If yes, please provide her husband's name, his date of birth.                                  |  |   |                           |
| Was an adoption agency used?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  |  | If yes, name of agency  |  |  | Name of attorney or law firm                                   |   |                           |
| Was child welfare or child protective services involved?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown              |  |   |  | If yes, where was the child living when removed from care (city and/or county)? and with whom? |  |   |                           |
| If you are a sibling, please provide:<br>Your birth mother's full name including maiden and all married names. <input type="checkbox"/> Unknown                    |  |   |  | Your birth father's full name <input type="checkbox"/> Unknown                                 |  |   |                           |
| If you are adopted, your adopted or legal mother's full name, including (maiden) and date of birth.  |  |   |  | If you are adopted, your adopted or legal father's full name, including date of birth          |  |   |                           |
| Why do you believe you have a biological sibling(s)?   |  |   |  |  |  |   |                           |
| Names of other birth siblings  |  | Maiden Name   | Date of Birth                                      | Place of Birth   | Half-Sibling or Full-Sibling                                   | Name of Birth Parents   |                           |
|  |  |   |  |  | <input type="checkbox"/> Full<br><input type="checkbox"/> Half | Mother<br>Father  |                           |
|  |  |   |  |  | <input type="checkbox"/> Full<br><input type="checkbox"/> Half | Mother<br>Father  |                           |
|  |  |   |  |  | <input type="checkbox"/> Full<br><input type="checkbox"/> Half | Mother<br>Father  |                           |

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

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**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 to those registrants eligible to learn my identity.....  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:  
VSU – CAR (MC 2096), PO Box 149347, Austin TX 78714-9347