**PATERNITY REGISTRY**

**NOTICE OF CHANGE OF INFORMATION**

**WARNING:** This is a governmental document. Texas penal code, section 37.10, specifies penalties for making false entries or providing false information in this document.

VS-131 Rev 12/2005

# Part 1

|  |  |
| --- | --- |
| **NAME OF REGISTRANT** | **SOCIAL SECURITY NUMBER** |

**Part 2 (Changed Information)**

**NEW INFORMATION:**

**REGISTRANT:**

|  |  |  |
| --- | --- | --- |
| 1. FULL NAME FIRST | **MIDDLE** | **LAST** |
| 2. DATE OF BIRTH (MM/DD/YYYY) | 3. SOCIAL SECURITY NUMBER | 4. DRIVER’S LICENSE NUMBER |
| STATE | NUMBER |
| 5. RESIDENCE ADDRESS NUMBER & STREET NAME  | CITY | STATE | ZIP |
| 6. MAILING ADDRESS NUMBER & STREET NAME  | CITY | STATE | ZIP |

**CHILD:**

|  |  |  |
| --- | --- | --- |
| 7. FULL NAME FIRST | MIDDLE | LAST |
| **8a. DATE OF BIRTH (MM/DD/YYYY)** | **8b. EXPECTED DATE OF BIRTH (MM/DD/YYYY)** | **9. SEX** |
| 10a. BIRTHPLACE (HOSPITAL NAME)  | 10b. CITY OF BIRTH | 10c. COUNTY OF BIRTH | 10d. STATE OF BIRTH |

**MOTHER:**

|  |  |  |  |
| --- | --- | --- | --- |
| 11. FULL NAME FIRST | **MIDDLE** | **LAST** | MAIDEN |
| 12. DATE OF BIRTH (MM/DD/YYYY) | 13. SOCIAL SECURITY NUMBER | 14. DRIVER’S LICENSE NUMBER |
| STATE | NUMBER |
| 15. LAST KNOWN ADDRESS NUMBER & STREET NAME  | CITY | STATE | ZIP |

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **SIGNATURE OF REGISTRANT**

Mail to:

 **Paternity Registry**

Vital Statistics

Texas Department of State Health Services

1100 West 49th Street

Austin, Texas 78756-3199

Toll Free #: (888) 963-7111 Ext. 7782

<http://www.dshs.state.tx.us/vs/reqproc/paternity.shtm>