



PATERNITY REGISTRY INQUIRY REQUEST

FEE RECEIVED: _____
 POSITIVE SEARCH: _____
 NEGATIVE SEARCH: _____

CHILD:

NAME OF CHILD FIRST	MIDDLE	LAST	DATE OF BIRTH (MM/DD/YYYY)
CHILD A.K.A. (LEAVE BLANK IF NONE) FIRST	MIDDLE	LAST	
BIRTHPLACE CITY	COUNTY	STATE	SEX
MOTHER'S NAME FIRST	MIDDLE	LAST	MAIDEN
MOTHER A.K.A. (LEAVE BLANK IF NONE) FIRST	MIDDLE	LAST	
MOTHER'S SOCIAL SECURITY NUMBER	MOTHER'S DRIVER'S LICENSE NUMBER	MOTHER'S DATE OF BIRTH (MM/DD/YYYY)	

POSSIBLE FATHER(s):

POSSIBLE FATHER'S NAME FIRST	MIDDLE	LAST	DATE OF BIRTH (MM/DD/YYYY)
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	
POSSIBLE FATHER'S NAME FIRST	MIDDLE	LAST	DATE OF BIRTH (MM/DD/YYYY)
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	
POSSIBLE FATHER'S NAME FIRST	MIDDLE	LAST	DATE OF BIRTH (MM/SDD/YYYY)
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	

REPLY TO BE MAILED TO:

NAME OF PERSON AND/OR AGENCY MAKING INQUIRY	DAYTIME TELEPHONE NUMBER ()
ADDRESS STREET NUMBER AND NAME CITY STATE ZIP CODE	
HOW DO YOU WANT YOUR RESPONSE FAX <input type="checkbox"/> MAIL <input type="checkbox"/>	FAX NUMBER - REQUIRED FOR FAXED RESPONSE
RELATIONSHIP (CHECK ONE) <input type="checkbox"/> COURT <input type="checkbox"/> MOTHER OF CHILD <input type="checkbox"/> STATE AGENCY _____ <input type="checkbox"/> LICENSED CHILD PLACING AGENCY <input type="checkbox"/> LICENSED ATTORNEY PARTICIPATING IN ADOPTION - STATE BAR NUMBER _____ <input type="checkbox"/> OTHER, SPECIFY _____	

SIGNATURE OF REQUESTOR

DATE

A copy of government issued identification is required [Title 25 TAC §181.1(13)]

PLEASE NOTE:

Our standard processing time is 10-15 business days. **Please allow 3-5 business days for rush request.**

This inquiry request requires a search fee. If paying by credit card the fee is \$12.25. If paying by check or money order the fee is \$10.00. Make check or money order payable to Texas Department of State Health Services (DSHS) -ZZ712. Mail completed form and fee to the address below. This inquiry may also be faxed to 512-776-7164 and paid with a MasterCard, Visa, American Express or Discover.

If faxed: ___ M/C ___ VISA ___ DISCOVER ACCT # _____ EXP DATE _____
 ___ American Express NAME OF CARDHOLDER _____

Mail To: CARDHOLDER ADDRESS _____
 Paternity Registry
 Vital Statistics Unit, MC 1966 3 - DIGIT SECURITY CODE _____ (Found on back of card)
 P.O. BOX 12040 CARDHOLDER PHONE NUMBER,
 Austin, Texas 78711-2040 INCLUDING AREA CODE _____

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-134 Rev 02/2015