**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>