



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

Surrogacy Information

Presentation to the Senate Health and Human Services Committee

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Texas State Registrar of Vital Statistics

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Topics

- Birth Registration Requirements and Process
- Gestational Agreements



Birth Registration



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Birth Registration Requirements

Texas Health and Safety Code, Section 192.001, requires that each child born in this state must be registered.

- **A Certificate of Birth must be filed within 5 days of the date of birth for every live birth in Texas.**
 - Must be filed electronically in the Texas Electronic Vital Events Registrar (TxEVER), the Texas vital event record management system.
- Physician, midwife, or person acting as a midwife in attendance at birth must file the birth certificate with the local registrar of the registration district in which the birth occurs.



Birth Registration Requirements

- Statute designates individuals who may file a birth certificate. These authorized certifiers include:
 - Physicians,
 - Midwives,
 - Hospital or birthing center administrators, and
 - Designees of a hospital or birthing center administrators.
- Certifiers are responsible to collect information from various sources to complete the facts of birth, including:
 - The mother;
 - The mother's physician;
 - The infant's physician;
 - Immediate family members; and
 - Medical records.



Birth Worksheet for Child's Birth Certificate

- Birth registrars (medical personnel, attendants, or birthing facilities) may complete a birth certificate worksheet to help a birthing facility collect the necessary information for reporting births in TxEVER.



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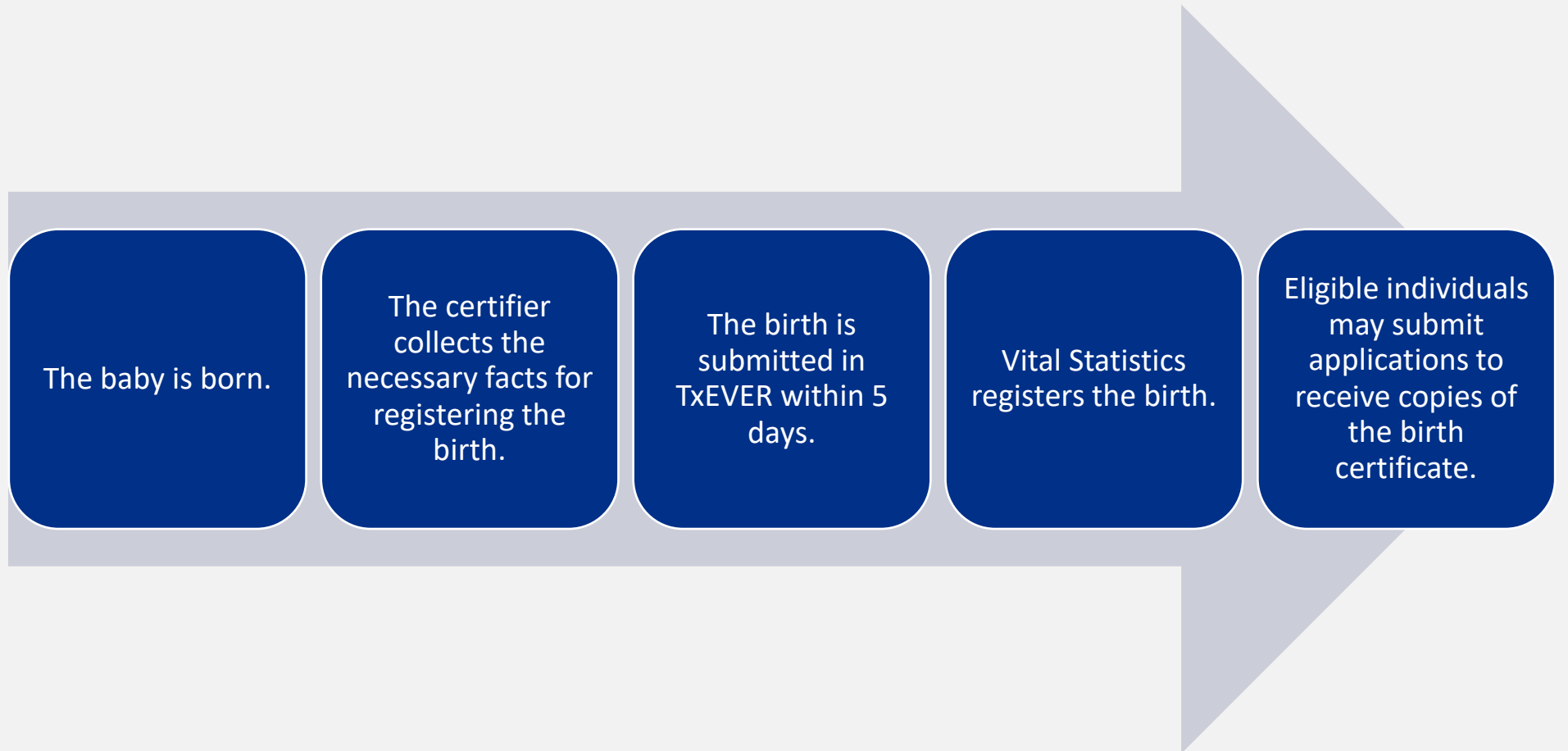


Birth Worksheet for Child's Birth Certificate

This birth certificate worksheet is a tool to help your facility collect the necessary information for reporting births in TxEVER, the Texas Electronic Vital Events Registrar. Medical personnel should complete this worksheet. The information you report in TxEVER is used to create a child's birth certificate. Ensure the information you report is correct so that an accurate birth certificate is created. The birth certificate is a legal document that the child will use throughout their life to prove their identity, birthplace, and parentage. The State of Texas safeguards against the unauthorized release of identifying information from birth certificates to protect the confidentiality of parents and their child.

Newborn			
Newborn Information			
Record Type: <input type="checkbox"/> Born at this facility <input type="checkbox"/> Born en-route to facility <input type="checkbox"/> Foundling/ Safe Haven <input type="checkbox"/> Home birth-Intended <input type="checkbox"/> Home birth-Intent unknown <input type="checkbox"/> Home birth-Unintended <input type="checkbox"/> Surrogacy-1 Parent <input type="checkbox"/> Surrogacy-2 Parent	Plurality: <input type="checkbox"/> Single <input type="checkbox"/> Twins <input type="checkbox"/> Triplets <input type="checkbox"/> Quadruplets <input type="checkbox"/> Quintuplets <input type="checkbox"/> Sextuplets <input type="checkbox"/> Septuplets <input type="checkbox"/> Eight <input type="checkbox"/> Nine <input type="checkbox"/> Ten <input type="checkbox"/> Unknown	Birth Order: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Fifth <input type="checkbox"/> Sixth <input type="checkbox"/> Seventh <input type="checkbox"/> Eighth <input type="checkbox"/> Ninth <input type="checkbox"/> Tenth <input type="checkbox"/> Conjoined	Is Child Unnamed? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name:	Middle Name:	Last Name:	Suffix:
Date of Birth: -- / -- / --	Time of Birth: --:-- <input type="checkbox"/> AM <input type="checkbox"/> PM	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown/ Not yet Determined	Infant's Medical Record Number:
SSN Information			
Parents Authorize Release of Information to Social Security Administration to Issue this Child a SSN: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Mother's Information			
Title Preference: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Legal First Name:	Legal Middle Name:	Legal Last Name:
Legal Suffix:	Medical Record Number:		

Steps for Birth Record Reporting and Issuance



Gestational Agreements



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Gestational Agreements

- A **gestational agreement** is an agreement between a woman, known as the “gestational mother,” and the intended parents of a child in which the woman relinquishes all rights as a parent of a child conceived by means of assisted reproduction and that provides that the intended parents become the parents of the child.
- In Texas, surrogate births require a gestational agreement that must be validated by a court as outlined under Texas Family Code, Chapter 160.



Gestational Agreements and Birth Registration

- Birth certifiers are required to review the gestational agreement to determine whether it applies when registering a specific birth.
- The birth certifier should also review whether the agreement follows the requirements and procedures outlined in statute.
- Once the birth certifier determines a valid agreement is in place, the registrar selects specific options within the Texas Vital Events Registration system, TxEVER, to complete the birth registration.
- TxEVER has a specific birth registration record type for surrogacy.
- The following slides walk through the TxEVER registration process for a surrogacy.



Birth Involving Surrogacy

Unresolved / Stakeholders

Newborn

Mother

Mother Dem

Father

Father Dem

Mother Medical-1

Mother Medical-2

Mother Medical-3

Mother Medical-4

Newborn Medical-1

Newborn Medical-2

Certification

Comments

NEWBORN GENERAL INFORMATION

Record Type: * --Select a value--

Plurality: * --Select a value--

Birth Order: * --Select a value--

NEWBORN INFORMATION

Is Child Unnamed?

First Name:

Middle Name:

Last Name: *

Suffix: --Select a value--

Date of Birth: *

Time of Birth (AMPM Indicator): --Select a value--

Sex: --Select a value--

Infant's Medical Record Number:

SSN INFORMATION

Parents Authorize Release of Information to Social Security Administration to Issue this Child a SSN --Select a value--

SSN: **SSN NOT REQUESTED**

MOTHER'S INFORMATION

Title Preference

Legal First Name:



Birth Involving Surrogacy

Unresolved / Stakeholders

Newborn

Mother

Mother Dem

Intended Mother

Intended Father

Mother Medical-1

Mother Medical-2

Mother Medical-3

Mother Medical-4

Newborn Medical-1

Newborn Medical-2

Certification

Comments

NEWBORN GENERAL INFORMATION

Record Type: * SURROGACY - 2 PARENT

Plurality: * --Select a value--

Birth Order: * --Select a value--

NEWBORN INFORMATION

Is Child Unnamed?

First Name: _____

Middle Name: _____

Last Name: * _____

Suffix: --Select a value--

Date of Birth: * __/__/____

Time of Birth (AMPM Indicator): __:__ --Select a value--

Sex: --Select a value--

Infant's Medical Record Number: _____

SSN INFORMATION

Parents Authorize Release of Information to Social Security Administration to Issue this Child a SSN --Select a value--

SSN: _____ SSN NOT REQUESTED

MOTHER'S INFORMATION

Title Preference _____

Legal First Name: _____



Birth Involving Surrogacy

<p>Unresolved / Stakeholders</p> <p>Newborn</p> <p>Mother</p> <p>Mother Dem</p> <p>Intended Mother</p> <p>Intended Father</p> <p>Mother Medical-1</p> <p>Mother Medical-2</p> <p>Mother Medical-3</p> <p>Mother Medical-4</p> <p>Newborn Medical-1</p> <p>Newborn Medical-2</p> <p>Certification</p> <p>Comments</p> <p>ACTIVITY:</p> <p>Intended Mother Title Preference: MOTHER</p> <p>Field Status: Resolved</p> <p>Unknown Allowed: No</p> <p>Action:</p>	INTENDED MOTHER'S CURRENT LEGAL NAME	
	Title Preference: MOTHER	First Name: [Redacted]
	Middle Name: [Redacted]	Last Name: [Redacted]
	Suffix: --Select a value--	
	INTENDED MOTHER'S NAME PRIOR TO FIRST MARRIAGE	
	<input type="checkbox"/> Same as Intended Mother's Legal Name?	
	First Name: [Redacted]	Middle Name: [Redacted]
	Last Name: [Redacted]	Suffix: --Select a value--
	MOTHER'S INFORMATION	
	Date of Birth: [Redacted]	Age: [Redacted]
Birth Place: (Click Checkbox to Filter Foreign Countries Only)	SSN: [Redacted]	
<input type="checkbox"/> --Select a value--		
Marital Status: --Select a value--		
INTENDED MOTHER'S MEDICAID INFORMATION		
Intended Mothers Medicaid Chip Name: [Redacted]	Intended Mothers Medicaid Chip Number: [Redacted]	
INTENDED MOTHER'S RESIDENCE ADDRESS INFORMATION		
INTENDED MOTHER'S MAILING ADDRESS INFORMATION		
<input type="checkbox"/> Same as Residence?		



Birth Involving Surrogacy

Unresolved / Stakeholders Newborn Mother Mother Dem Intended Mother Intended Father Mother Medical-1 Mother Medical-2 Mother Medical-3 Mother Medical-4 Newborn Medical-1 Newborn Medical-2 Certification Comments	INTENDED FATHER'S LEGAL NAME	
	Title Preference FATHER	First Name: _____
	Middle Name: _____	Last Name: _____
	Suffix: --Select a value--	
	FATHER'S MAIDEN NAME	
	<input type="checkbox"/> Same as Intended Father's Legal Name?	
	First Name: _____	Middle Name: _____
	Last Name: _____	Suffix: --Select a value--
	INTENDED FATHER'S INFORMATION	
	Date of Birth: _/_/____	Age: _____
Birth Place: (Click Checkbox to Filter Foreign Countries Only) <input type="checkbox"/> --Select a value--	SSN: _ - _ - ____	



Surrogacy Statistics

Year	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026*
Surrogacy -1 parent	30	32	42	67	45	46	49	62	76	107	43
Surrogacy -2 parent	214	279	332	335	348	374	400	465	557	550	283
Surrogacy TOTAL	244	311	374	402	393	420	449	527	633	657	326

Source: Texas Electronic Vital Events Registrar (TxEVER) system
 Prepared by: Vital Statistics Section, May 2026

*Through June 29, 2026



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Thank you

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**Texas State Registrar of Vital Statistics
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