



TEXAS
Health and Human
Services

Texas Department of State
Health Services

OFFICE USE ONLY

CHECK MONEY ORDER

REMITTANCE NO. _____ CERT. # _____

DATE _____ AMOUNT \$ _____

ADULT ADOPTEE APPLICATION FOR NONCERTIFIED COPY OF ORIGINAL BIRTH CERTIFICATE

PLEASE PRINT CLEARLY.

INCLUDE A COPY OF YOUR (APPLICANT) VALID ID WHEN SENDING IN THE REQUEST. APPLICATION MUST BE ORIGINAL (INCLUDING SIGNATURE). NO CROSS OUT OR WHITE OUT WILL BE ACCEPTED.

***If the maiden name of the adoptee is not on your ID, please include a copy of your marriage license or birth certificate.**

Step 1: YOUR INFORMATION AND SHIPPING ADDRESS (PLEASE PRINT)

| | | | |
|---|-------|-----------------------|-----------|
| Your Name (First, Middle, Last Name): | | | |
| Street Address: | City: | State: | Zip Code: |
| Email Address: | | Daytime Phone Number: | |
| <input type="checkbox"/> I authorize mailing to the address below instead of my mailing address listed above. | | | |
| Name: | | | |
| Address to Send to if different than noted above: | City: | State: | Zip Code: |

Step 2: INFORMATION FOR PERSON NAMED ON RECORD (Must be completed to Identify Record Requested)

| | | | |
|--|--------------|-------------|--|
| YOUR FULL NAME AFTER ADOPTION: | First Name | Middle Name | Last Name |
| DATE OF BIRTH: | Month | Day | Year |
| SEX: | | | |
| PLACE OF BIRTH: | City or Town | County | State |
| FULL NAME OF ADOPTIVE PARENT 1: | First Name | Middle Name | Maiden Last Name (Before first marriage) |
| FULL NAME OF ADOPTIVE PARENT 2: | First Name | Middle Name | Maiden Last Name (Before first marriage) |
| FULL NAME OF BIRTH FATHER ON ORIGINAL RECORD (IF LISTED) | First Name | Middle Name | Maiden Last Name (Before first marriage) |
| FULL NAME OF BIRTH MOTHER AS LISTED ON ORIGINAL RECORD | First Name | Middle Name | Maiden Last Name (Before first marriage) |

Step 3: COST & FEES (NOT REFUNDABLE, if Record Not found)

| Select Record Type: | Qty | Price/each | Total |
|--|-----|------------|-----------|
| <input type="checkbox"/> Noncertified Copy of Original Birth Certificate | 1 | x \$10.00 | \$10.00 |
| For urgent requests, orders may be EXPEDITED by sending the order through an overnight mail service, such as: FEDEX, LoneStar, or UPS to our physical address: DSHS – VSS MC 2096, 1100 W. 49th St., Austin, TX 78756 and paying the below expedited processing fee. | | | |
| <input type="checkbox"/> Expedited Processing (estimated 20-25 business days) | | | \$5.00 |
| All orders are returned free of charge by USPS regular mail. For expedited return mail service, select one of the overnight return shipping methods below. | | | |
| <input type="checkbox"/> Overnight Return Mail (for shipping within USA) | | | \$16.00 |
| <input type="checkbox"/> USPS Express Return Mail (for shipping to PO Box ONLY) | | | \$22.95 |
| Total Due: | | | \$ |

Make check or money order payable to **DSHS – Vital Statistics.**

Mail completed form, payment and valid ID to: **DSHS -VSS, P.O. Box 12040, Austin, TX 78711-2040.** Regular orders are processed and mailed 6 – 8 weeks after receipt of the request.

The applicant must include a photocopy of his or her valid photo ID issued by a governmental entity. Visit our website for a current list of acceptable identification in English (<http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs/>) and Spanish ([http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs-\(Spanish\)/](http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs-(Spanish)/)).

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003.)

READ & SIGN (Applications without signatures or attached valid ID will NOT be accepted for processing)

Signature of Applicant _____ Date Signed (MM/DD/YYYY) ____/____/____